

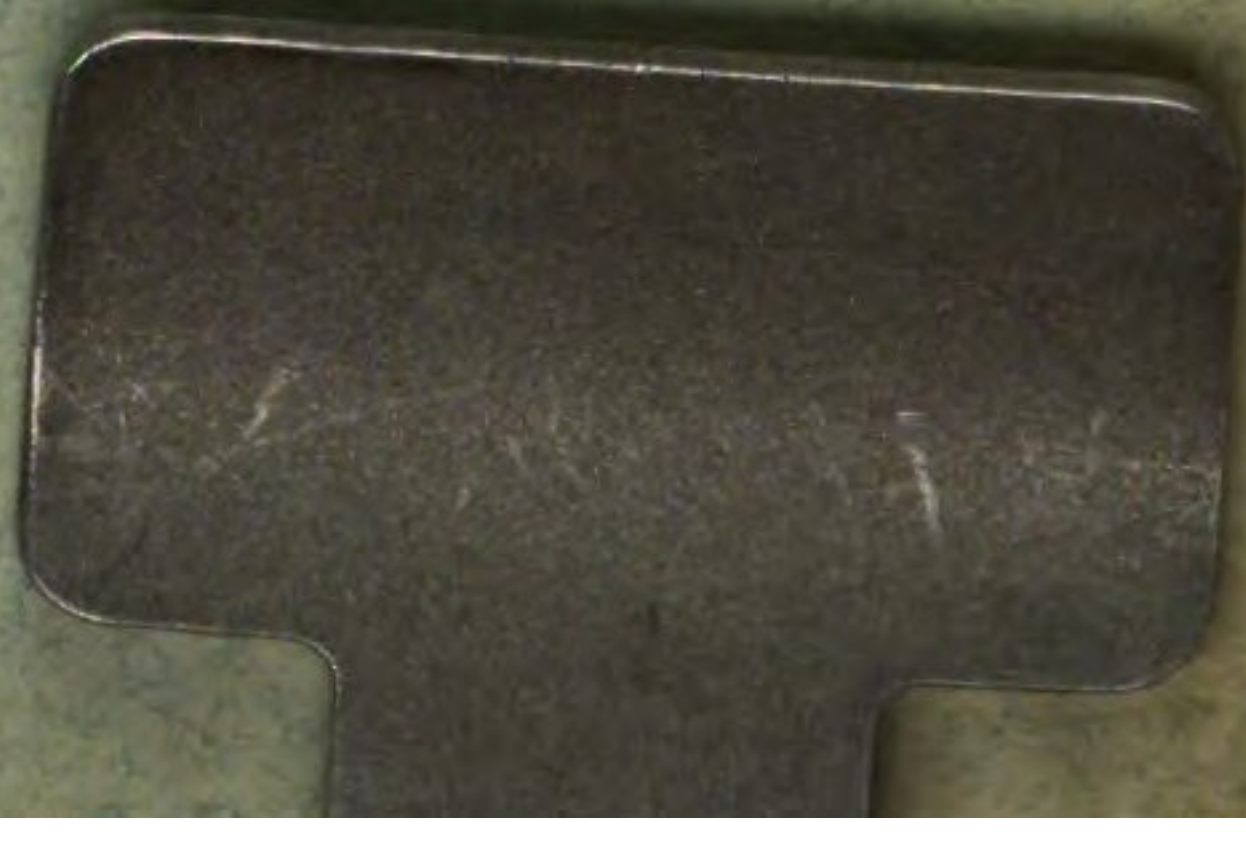
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Albers

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Joann. Christ. Albersii,

Medicinae et Chirurgiae Doctoris,

C o m m e n t a r i u s

d e

Diagnosi asthmatis Millari strictius definienda.

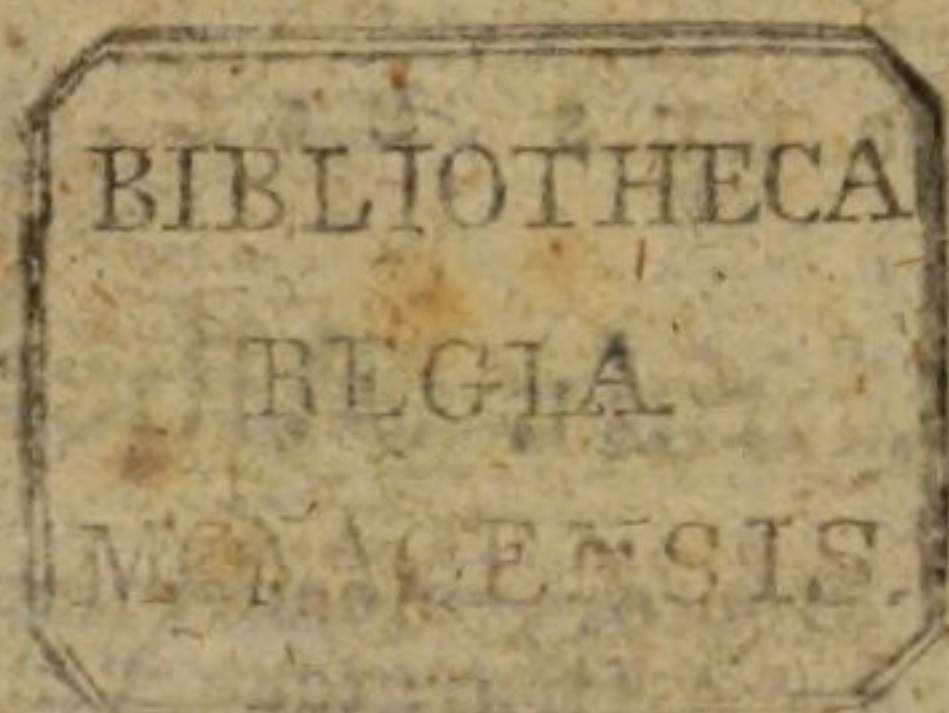
P r a e f a t u s e s t

Ioannes Abrah. Albers,

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G o t t i n g a e, 1817.

in Libraria Vandenhoeck - Ruprechtiana.



VIRO SPLENDIDISSIMO,

PATRVO SVO DILECTISSIMO,

IOANNI HENRICO ALBERS,

MERCATORI LONDINENSI CELEBERRIMO

IN PII GRATIQUE ANIMI TESTIMONIUM

HASCE

STVDIORVM PRIMITIAS

D. D. D.

A V C T O R.

Dr. J. CHR. ALBERS

DE

DIAGNOSI
ASTHMATIS MILLARI.

Dr. J. C. Allen

Dr.

Diagnosis

ASTHMA

P R A E F A M E N.

Quod me suasore auctor, non nisi generali argumento et observationibus practicis ad rem necessariis a me adiutus, scribendum suscepit opusculum, ei praefari quae sequuntur paucula, aliis iam locis de hac re fusius locuto, mihi liceat.

Uti medicum ad quaevis credenda pronum merito reprehendimus, ita aequae forsitan magno vitio illi vertendum, qui, quaecunque forte non viderit ipse, ea abneganda cuncta censeat; id quod in pluribus magnae

urbis regiae medicis iam celeberrimis, qui satis aegre ferunt, si, quae ipse observasse sibi saltem videntur, non temere credideris, opportune reprobant aequi talium litium arbitri. — Quare quidem de asthmatis Millari veritate minime dubitem eam ob causam, quod nec ego nec alii totidem morbum viderint, sed potius, quod quaecunque de ipso legerim audierimve, ad morbum huncce peculiarem admittendum nullo modo mihi sufficiunt. Ut magna beato Wichmanno sua maneant merita laudesque, non minus ac quivis alius opto rogoque: at nullum tamen me talis verecundia movit neque movebit, ut quaecunque in opere diagnostico celeberrimo docuerit, pro satis exploratis atque veris habeam. — In tracheitidis naturam cum iam diu inquisiverim, operis partes de

diagnosi hunc inter morbum et eum, quem *asthma* Millari compellavit, agentes mea maximi interfuit. Cuius quidem partis et operis de hac re principis Millariani studium diligens et accuratum tam saepe iteravi et propriis comparavi observationibus, ut, nequis nimiae me sequentia scribentem festinationis arguat, nullus metuam.

Fuerunt forsán Wichmanni de tracheitide observationes non adeo exiles, uti §. 71. operis sui auctor ipse profiteri videtur, sed forsán solummodo non suffecerunt ad veram morbi indolem ipsi patefaciendam. — Ut praesertim vero symptomata respirationis spasmodica ipsorumque remissiones, quae hunc morbum interdum comitantur, induxisse ipsum apparent, ut casus hisce symptomatibus insignes non

tracheïticos, sed convulsivo - asthmaticos, quales Millarus descripsisse ipsi videbatur, esse censuerit. Quotiescunque rem accuratius perpendo, quod tanti ingenii acuminisque medicus Millarum auctoribus de tracheïtide non adscripserit, maxime miror, praesertim cum, quae in primo operis capite de hac re dixit auctor, nullum de ipsa dubium relinquant. — Sunt quidem, qui, uti Henschel promeritissimus ab auctore citatus, Millarum tracheïtidem cum asthmate suo acuto infantum confudisse censeant; id quod minus censebunt, dummodo rite perspexerint, Millarum minime morbum a tracheïtide diversum describere, sed solam eiusdem morbi naturam alio modo definire voluisse. Clarissimus Wichmannus, si diutius in vivis esse

ipsi licuisset, certo cogniturus fuisset, Asthma illud Millari eundem esse ac tracheitis morbum, neque sane errorem suum profiteri haesitaturus fuisset naturae scrutator indefessus et ingenuus, ad instar Cel. Rushii, qui ingenue suum de tracheitide spasmodica fassus est errorem.

Scriptoribus medicis ab opusculi huius auctore citatis iam addere possum Celeb. Hosack, Academiae Nov-Eboracianae Professore, cuius ex commentatione de nostro morbo et bene erudita et practice docta *) sequentem huc transcripsi lo-

*) Observations on Croup or Hives; addressed in a letter to A. R. Delile, M. D., by David Hosack, M. D. Professor of Theory and Practice of clinical medicine in the University of the State of New-York; New-York, 1811.

cum, ex quo simul patet, peritissimos Americae septentrionalis medicos pro explorato habere, tracheitidem mere spasmodicam esse nullam. Cel. vero Rush hunc loquitur in modum, pag. 12-15:

*“This disease is described by Dr. Cullen, and by most practical writers, as consisting in an inflammation of the secreting membrane lining the trachea. But Dr. Millar *), Dr. Underwood, Mr. Field **), and Dr. Archer, of Maryland, describe two species of croup; one inflammatory, another, which the demoninate spasmody croup. You well know, by your residence with me as a pupil of medicine, that it is a disease of very*

*) Millar on Asthma and Hooping-cough.

**) Edinburgh Practice of Physic, vol. I. pag. 355.

frequent occurence in this city; yet, although I have been eighteen years a practitioner of medicine, and in that time have prescribed for many patients in this disease, I have never met with a single instance in which it assumed the spasmodic character, described by those gentlemen, unaccompanied by symptoms of local inflammation."

„Dr. Bard, whose practice has been more extensive than that of any other physician of this city, informs me, that from the year 1762 to the present time, he has never met with a case of croup that was not attended with symptoms of inflammation. Dr. Scott, of New - Brunswick, who has practised medicine with great reputation in the state of New - Jersey for about fifty years, makes a similar observation. It is true, that this disease attacks the patient very suddenly, and that in it's commencement the affection of the throat is frequently with-

out pain, and is attended with very little fever, even during the first two or three hours after the attack; while the cough, peculiar noise, and labour of respiration which characterize croup, are very considerable, and to the friends, acquainted with the nature of the disease, and apprised of its dangerous consequences, very alarming. Most usually, however, in those cases in which the child is old enough to express its sensations, there is a sense of pricking, burning, or irritation in the windpipe, sufficient to denote the seat of the disease; and such is the sensibility of windpipe to the impressions made upon that delicate organ, that the local affection, as in the first attack of pleurisy, is out of all proportion to the general febrile excitement of the system; for neither the pulse or heat of skin are much affected during the first two or three hours of the disease. These facts, and the sudden relief which the pa-

tient sometimes obtains from the means prescribed during the first stage of the complaint, have, perhaps, led the authors mentioned to consider croup as, in some cases, a spasmodic disease of the windpipe: sometimes, too, especially when occurring in a delicate habit of body, the use of the common domestic remedies, viz. warm bathing and warm drinks, are sufficient, by the relaxation they induce in the system, to restore the suppressed excretions, and thereby to remove the irritation from the part affected. But notwithstanding this happy termination, it does not follow that the disease is only spasmodic, and not inflammatory; for we frequently see catarrh, and sometimes even incipient pleurisy, by all acknowledged to be diseases exclusively of an inflammatory nature, removed without having recourse to the more active remedies usually resorted to: but unhappely this disease generally attacks children of the most

robust habit of body, and if not immediately arrested, terminates in violent inflammation, accompanied with fever which are only to be removed by the most prompt and decisive practice. In cases of this sort, to trust to the prescriptions ordinarily directed for the removal of the most violent spasmodic affections, is to do nothing; it is worse than nothing; for while the physician temporises, the child perishes. Many lives, I believe with Dr. Ferriar, "have been sacrificed to the imaginary powers of *assa foetida*, or small repeated doses of antimonials, from unfounded theories of spasmodic constriction attending the disease."*)

"Dr. Cullen observes, that the antiphlogistic regimen is necessary in every stage of the disease, and that he has not

*) Med. Hist. and Reflect. vol, 3. p. 210,

found antispasmodic medicines of any use. It is, therefore, most safe for us to consider with Dr. Rush, that all the varieties which this disease assumes, "are the effects of a difference only in its force or in its duration," and, to continue to use the language of that accurate clinical observer, that "they all depend upon one remote and one proximate cause." It also fortunately happens, that the practice which is found most effectual in inflammatory croup, is not opposed to that which would be indicated, if the disease were exclusively spasmodic; on the contrary, the remedies found most powerful antispasmodics."

Principium autem loci a beato Rush (in Medical Inquiries and Observations; third edition; Philadelphia, 1809. Vol. I. pag. 171) citati haec habet: "*Where the cynanche trachealis has appeared in the high grade,*

which has been last mentioned, it has been called spasmodic. Where the serous vessels of the trachea have been tinged with red blood, it has been considered as inflammatory. Where a liquid matter has been found in the trachea, it has been called humoral; and where a membrane has been seen adhering to the trachea, it has received from Dr. Michaëlis the name of *Angina polyposa*." Quae excipit locus: "But all these differences depend upon one remote and one proximate cause."

Proposuerat sibi auctor, recensere quoque, quas alii medici de Asthmate Millari et Tracheitide statuerunt diagnoses. Sunt autem hae aut totae quantae ex opere Wichmanniano notissimo repetitae, aut a viris profectae omni de tracheitide experientia carentibus; licet hinc ipsi viri haud aliter sint locuti, ac

si et tracheitidem et Asthma Millarianum, uti coryzam vulgarem, quotidie et passim observassent.

Diu quaesivi necdum desivi quaerere historias scite fideliterque expositas de Asthmate convulsivo Millari, repertis huc usque nullis, nisi quas *Double* (Traité du Croup, à Paris, 1811) et *Sulzberger* (Diss. inaug. de tussi convulsiva et asthmate acuto infantum Millari; Viteberg. 1798. 4.) dederunt et quas tracheitidis nullo modo diagnoscentes casus fuisse dubitari nequit.

Omnes igitur medicos, qui asthma Millari observasse credunt opinanturve, enixe rogo, ut morbi historias, quae unae hanc rem extricare et nimium iam diuturnas de ipsa lites componere possunt, publici iuris fa-

cere velint. Quod autem ut faciat,
 maxime rogo eum, qui recensuit in-
 terpretationem Germanicam com-
 mentationis Royer - Collardia-
 nae in Dris. Ernesti Horn Archiv
 für medicin. Erfahrung, 1816, par-
 ticula I., quique, sese *diligentem* (*sorg-
 fältig*) asthma Millari observasse,
 pag. 178 professus est. Quin eius-
 dem auctor recensiois saepius asth-
 ma illud Millari, quam ipsam tra-
 cheitidem observasse sibi videtur,
 si modo iudicare licet ex iis, quae
 profert de tracheitide et quae aperte
 ipsum seduxerunt ad proponendam
 (pag. 180.) quaestionem: Utrum ul-
 lus medicus veram cognovit trachei-
 tidis naturam? — Hanc vero co-
 gnitionem adepturum esse recensio-
 nis auctorem, reiectis cunctis, quas
 hac de re huc usque fovit, opinio-
 nibus, certus confido.

Denique sequentes emendationes huius opusculi necessarias praemitendas censeo:

Pag. 43. auctor, tracheitidem sine omni tussi decursum suum facere posse, refert huiusque opinionis testem me (pag. 78.) allegat. Hoc vero nusquam dixi. Observationem, quam auctor noster citat in huius rei testimonium, in notula sub interpretatione commentationis Royer-Collardianae ad pag. 21. exposui dicens, me cum amico atque collega dilecto veneratoque, Doctore Hampe, infantem haud aliter, ac in catarrho, tussientem audiisse.

Pag. 69. auctor nequicquam refutare conatur argumentum, quod Wichmannus ex Rushii libro desumsit, cum, uti probavi, ipse

Rush suum de tracheitide convulsiva errorem palam agnoverit et ingenuè sit professus.

An ullo et quali modo haec commentatio sit profutura? experimento docebimur. Certe, quae me, ut ipsius scribendae suasor auctori extiterim, permovit ratio, bona fuit atque sincera, cum, in hunc usque diem haud paucos infantes miseras fuisse victimas opinionum vel de peculiari Asthmatis Millariani morbo vel de ipsius cum tracheitide complicatione, pro certo exploratoque habeam.

Bremæ, die 8. Febr. 1817.

I. A. ALBERS.

PROOEMIUM.

Clarissimum Wichmannum in opere eximio *a)* diagnosin diverforum morborum, et inter eos illam *asthmatis Millari et anginae polyposae*, vulgo *Croup* vocatae, dedisse constat. Priorem quidem morbum per se ab altero distinctum putabat, quam opinionem et ex ipso Millari libro *b)*, et e factis experientiaque quam hac de re instituisse sibi videbatur, hauserat et

a) Joh. Ernst Wichmann Ideen zur Diagnostik; Hannover, 1794. 8vo.

b) John Millar, Observations on the Asthma, and on the hooping-cough; London 1769. 8.

et assumserat. Quali quidem acutissimo viro omnes fere medici proni adstipulati, observationes, quas ille fecisse opinatus in diagnostico opere exposuerat vel totas, vel in suum quisque modum auctas repetierunt. At opus illud diagnosticum maximae utilitatis et esse et semper fore, licet lubens agnoscam, ab omni tamen errore ipsum non semper esse immune, ut v. c. quod de dentitione difficili et de polypo cordis docet, ab aliis jam medicis satis impugnatum, ingenue contendo. Longe absit a me, ut an vere adsit morbus vulgo dictus asthma Millari, nec ne, probare sustineam, at audebo tamen, diagnosin hujus morbi a Wichmanno datam cum symptomatibus tracheitidis, quae et qualia sunt a medicis recentioribus observata, comparare.

Postremum morbum hac aestate aliquoties mihi Bremae observandi fuit

occafio; in infantibus a patruo meo Alberfio fanitati reftitutis. Quocum, ut facile eft intellectu, faepiffime hoc de morbo differui, atque eidem primam ideam de conſcribenda diſſertatione, qua diagnoſin aſthmatis Millari exponere ſtudeo, debere confiteor. Quod quidem jam ante me, alius non ignobilis medicus c), ſed alium in finem fecit: et me felicem putem, quando libellum meum cum eius ſcripto comparare poſſim.

Sed priusquam ad recensenda ſingula diagnoſeos Wichmannianae progrediar, ſcriptum Millari, in quo, auctore Wichmanno, aſthma illud primum deſcriptum eſt, intentius hoc conſilio evolvi, ut inde oftenderem, auctori ne in mentem quidem veniſſe, *ut aſthma illud, quod*
acu-

c) Auguſtus Henſchel de Aſthmatis Millari et Anginae Polypofae Diverſitate. Vratiſlaviae 1813. 4to.

acutum infantum nominat, qua peculiarem morbum et distinctum a tracheitide discerneret, sed id solummodo probare ipsum studuisse, indolem morbi non inflammatoriam, ut Homius aliique illius temporis asserunt, sed mere spasmodicam esse. Methodo medendi ergo non antiphlogistica, sed antispasmodica huic morbo esse occurrendum.

Libro quidem suo Millarus per-
modeste praefatur *d)*: se asthma, di-
cens, quoddam descripturum, cujus
non complicati in infantibus sibi ob-
servandi repetita fuerit occasio. Ipse
non credit se perfectam morbi deli-
neationem dedisse, sed tantum dicit,
se tales observationes collegisse, quae
ulteriores inquisitiones hac de mate-
ria in posterum instituendas facilio-
res reddere possint, et quae secun-
dum opinionem suam inservirent ad
symptomata characteristica hujus mor-
bi designanda, ad eundemque ab aliis
morbis, in quibus respiratio non nisi
casu quodam affecta est, discernen-
dum. Existimat quoque sibi licere
novam medendi methodum saepius a
se

d) l. c. pag. I-IV.

se cum successu adhibitam proponere.

Sua ex opinione, morbus, quoad symptomata, tussi convulsivae haud sane dissimilis est; et in utroque morbo asam foetidam ut validum remedium commendat.

In fine praefationis ingenue fatetur, scriptum suum, licet forsan ab omni vitio non immune, (quod evitare quidem omni opere studuerit) medicis tamen utilitatem haud exiguam allaturum fore. Hinc apparet ipsum Millarum opus suum adeo perfectum non habuisse, quam recentiores scriptores crediderunt.

Introduction. e)

In introductione Millarus docet f); "*asthma ad morbos minime accurate hucusque observatos pertinere, ejusque medendi rationem adhuc adhibi-*

e) l. c. pag. 1 - 8.

f) l. c. p. 4.

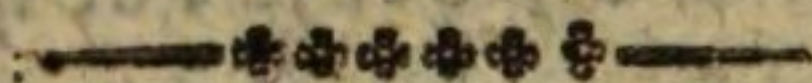
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bitam potius valere ad medicum in errorem inducendum quam instruendum."

Qua ratione auctor haec Anno 1769 scribere potuerat, si nempe non tantum asthma acutum infantum, hoc nomine posthac ab ipso insignitum, hic describere voluit, non magis capio, quam quo jure morbum hunc maxime dolorificis et perniciosissimis quibus obnoxii sumus, annumerare potuerit. *Simplicissima asthmatis species*, pergit Millarus, *infantes aut maius adultiores invadere solet, in quibus saepe cum epilepsia, vermibus, dentitione difficili vel aliis malignis tenerae aetatis affectibus confunditur; in qua aetate medicus ex aegrotis ipsis statum eorum morbosum non exacte explorare potest; eoque, quod ex aliis comperit, nonnunquam in errorem ducitur. Ea, quae in libris hac de re inveniuntur, nec claram parant ideam de asthmatis origine nec de eius progressu in priori stadio nec de non complicato, sed quadrant solummodo in certa eius stadia, vel in quaedam eorum phaenomena morborum, in quibus symptoma eminens est respirandi difficultas g).* Millarus affirmat, non
so-

solum frequenter asthma supra nominatum, sed singulum etiam ejus casum ab alio distinctum, in praxi sua priori vidisse, quod tam ulteriori sua experientia, quam aliorum auctoritate medicorum, confirmatum esset, et quod, sua sententia, ad veram huius morbi cognitionem et a veteribus et a recentioribus medicis non rite observati, ducere possit *h*).

h) l. c. pag. 6.



PART I.

C H A P. I. i)

Some Account of the weather, during the prevalence of the Asthma, in Northumberland, Berwickshire and Roxburgshire, and of the concomitant diseases.

Recensio tempestatis regnantis, cum asthma in tractibus Northumbriae, Bervici et Roxburgi invalebat, ut et de morbis eodem tempore grassantibus.

Totum hoc caput transeo, cum nihil, quod ad nostrum finem, nempe ad tracheitidis diagnosin ab asthma Millari, spectat, in eo continetur.

i) l. c. pag. 9-14.

C H A P. II. k).

*Description of the Asthma.**Descriptio Asthmatis.*

Initio Capitis auctor ait, se divisionem asthmatis, in asthma siccum, humidum etc. evitare velle, clarae tamen descriptionis causa necesse esse, morbum in asthma acutum et chronicum dividi, et utrumque suo loco seorsum tractari.

Section I. l)

First stage of the acute Asthma.

Hac in sectione Millarus de primo stadio asthmatis acuti agit, cuius descriptionem ipsissimis auctoris verbis allegabo, et de singulis ejus momentis quid sentio apponam:

„It attacked chiefly children from
 „one to thirteen years old; it was ra-
 „rely

k) l. c. pag. 15-16.

l) l. c. pag. 17-21.

„rely seen in adults, and seldom in
 „children on the breast, but it most
 „frequently seized those who had been
 „lately weaned. Its violence fell prin-
 „cipally upon the lower class of people,
 „and on those who were of a heavy
 „leucophlegmatic constitution, who had
 „a voracious appetite, and whose diet
 „consisted of crude watery vegetables;
 „though children who were healthy,
 „well proportioned, and moderate in
 „their diet, were not entirely exemp-
 „ted.” m).

In integra periodo hac nihil in-
 venit, quod asthma acutum revera
 a tracheitide discernendum valeat, in
 qua eadem omnia observamus.

“Children at play were sometimes
 „seized, but it generally came on at
 „night; a child who went to bed in
 „perfect health, waked an hour or
 „two afterward in a fright, with his
 „face much flushed, or sometimes of
 „a livid colour, incapable of descri-
 „bing what he felt, breathing with
 „much labour, and with a convulsive
 „mo-

„motion in the belly; the returns of
 „inspiration and expiration quickly
 „succeeding each other, in that parti-
 „cular sonorous manner, which is
 „often observed in hysteric paroxysms.
 „The child's terror sometimes augmen-
 „ted the disorder; he clung to the
 „nurse, and if he was not speedily re-
 „lieved by coughing, belching, snee-
 „zing, vomiting or purging, the suf-
 „focation increased, and he died in
 „the paroxysm. But if any of these
 „happened naturally, or was excited
 „by art, the paroxysm ceased, and
 „the child seemed perfectly well, slept
 „during the remainder of the night,
 „and continued to breathe easily till
 „the next evening, when, if not soo-
 „ner, he suffered another paroxysm,
 „more violent, and of longer duration
 „than the former”. n)

Pars prima huius periodi conti-
 net delineationem tracheitidis subito
 exortae, in qua praeprimis larynx
 affectus est. Ceterum in verbis ver-
 sari non debemus, ut credo, si au-
 ctor sonitum respirationis cum eo com-
 parat,

parat, qui saepius in paroxysmo hysterico percipitur; ita, ut quaedam similitudo respirationem tracheitide correpti infantis inter et illam foeminae hystericae quae spastica laryngis constrictione laborat, prorsus negari non potest.

Infantes primo tracheitidis impetu extingui, raro quidem accidit; inauditum tamen non est. Sic enim in aetate priori Doctor Achardius, Baltimorae, in America septentrionali degens, infantem intra quindecim horarum spatium perire vidit.

Quantum ad levamen infantibus tussiendo, ructando, sternutando, vomendo aut alvum dejiciendo allatum, sine quo mortem interdum consecutam esse asserit Millarus; adhuc quaeritur, num haberi possit sincera observatio, quod, quin in dubium vocem, parum absim, licet ab altera parte totus consentiam, emeticum, praesertim si nonnullas excitat alvinae excretiones, valde convenire, ad fortissimos adeoque tracheitidis impetus per aliquod tempus saltem tollendos.

“The

“The urine was secreted in small
 „quantity, and often discharged with
 „some difficulty; it was generally lim-
 „pid in the beginning, but in the pro-
 „gress more copiously evacuated, and
 „either dropped a very light cloud at
 „the crisis, or became turbid, and
 „was covered with a white greasy
 „scum, and sometimes let fall a co-
 „pious farinacious sediment”.

“The body was generally costive,
 „and the stomach and bowels were of-
 „ten very much inflated.”

“The mucus was not discharged
 „from the nose, as is usual in children,
 „and the perspiration was either dimi-
 „nished or entirely obstructed.”

“In the beginning the pulse was
 „but little affected, though in the pro-
 „gress of the paroxysm it became
 „quick, low, and feeble”. o)

Hic nihil invenio quod non iti-
 dem in tracheitide observetur, et quod
 generatim hoc in affectu ut nota dia-
 gnostica a quocunque alio morbo
 constitui possit.

“In

„In that state of the disease,
 „which may be styled the intermitting
 „stage, the patient was generally dull,
 „timorous and dejected, even when
 „free from the asthmatic paroxysm.
 „It was of great consequence to attend
 „to this, as it afforded a sure crite-
 „rion, by which the disease might be
 „discovered, when no other symptom
 „of it appeared, and when the pa-
 „tient was in danger of being neglec-
 „ted from a fallacious security, foun-
 „ded upon a persuasion of its being
 „entirely removed; but when these
 „symptoms were observed in children
 „of a more advanced age, who had
 „once been attacked with this illness,
 „a speedy return of the asthmatic
 „complaint might with certainty be
 „prognosticated.”

„This dejection was not so readily
 „discovered in very young children;
 „but if they were peevish, restless and
 „fretful, and cried more than usual,
 „a return of the disease might be ex-
 „pected”. p)

Ve-

Verum etiam infantum noctu tracheitidis insultu attactorum status, postridie omnino cum eo congruit, a Millaro descripto, ex quo licet ad reditum insultus in insequente nocte concludendum non sit.

“In some, a train of nervous symptoms appeared at this period, such as involuntary laughing and crying, delirium and subsultus tendinum, but excepting a slight delirium, observable in many, these appearances were not frequent”. q)

Haec symptomata in tracheitide non observantur, et a spirandi difficultate e nervosa affectione orta, ut opinor, quoque abhorrent.

*“The attention of the physician was absolutely necessary to this disease at its very first appearance, and in its latent intermitting stage, as it was in that period alone, that the cure could be attempted with much hope of success. This stage sometimes continued eight or ten days, but more frequently the other com-
men-*

„menced the second or third day, nay
 „sometimes the very first paroxysm
 „proved fatal” p).

Tota haec periodus et in trachei-
 tidis descriptionem quadrat; etenim
 non secus in hoc morbo, ac aliis in
 morbis inflammatoriis, haud inauditam
 credo observationem: infantem, qui
 jam tracheitidem, cito satis solutam,
 passus est, post decem dies denuo ab
 ea infestatum esse. Recte igitur di-
 cit Sachsens r), de absentia trachei-
 tidis affectum per plures dies quam
 Dureuillius et Wahlbomius
 observasse sibi videntur; usui loquen-
 di saltem non esse consentaneum, eam
 intermissionis nomine insigniri; quis
 enim peripneumoniam post quinque
 dies regressam, intermittentem appel-
 laret?

Section II.

Second Stage of the acute Asthma t).

“If the first period was neglected,
 „the paroxysms returned with greater vio-
 „lence, and at shorter intervals, till the

t) Miller l. c. Pag. 21. 23.

„difficulty of breathing became fixed and
 „permanent; the child grew hoarse, and
 „breathed with a croaking noise, so as to
 „be heard at a considerable distance; the
 „pulse now intermitted; it became so
 „low as scarcely to be felt, and so quick,
 „that the pulsations could not be reckoned.
 „The shoulders were raised at every inspi-
 „ration, which was now performed with
 „great agony; the stomach and belly swel-
 „led; a profuse sweat broke out upon the
 „head, face and breast, the extremities
 „were cold, the countenance of a livid co-
 „lour, the eyes hollow, and the lips, ton-
 „gue and throat, dry and parched. The
 „child had great thirst, but durst not
 „drink, as every attempt to swallow, was
 „attended with the danger of instant suffo-
 „cation.”

“The patient now either gradually sunk
 „under this accumulated distress, or the
 „violent convulsions, which generally came
 „on at this period of the disease, put a
 „speedier end to his sufferings.”

“Though the acute asthma usually ter-
 „minated in a few days either in death, or
 „a perfect recovery, yet there were several
 „instances of its being changed into a diffe-
 „rent form, and the patient, surviving the

*„violence of the first attack, continued ever
„afterwards subject to the chronic asthma.”*

In tota hac secunda sectione unum solummodo invenitur phaenomenon, quod fortassis nunquam, licet a pluribus affirmatum, in tracheitide contingit; illum scilicet morbum in chronicum verti.

Notatu dignum est, auctorem in descriptione primi stadii de tussi tantum utpote medio, cujus ope paroxysmus tollitur, loqui, in secundi autem descriptione nullam ejus mentionem facere, quod secundum magnum pondus, cujus Wichmannus hoc symptoma fecit, non parum probare videtur, Millarum accurate observandi ingenio caruisse.

CHAP. III.

Of the diagnostic Symptoms u).

Auctor in hoc capite de signis agit diagnosticis et quidem in initio tan-

u) l. c. pag. 24-27.

tum de remissionibus et de paroxysmis periodice revertentibus; cum supra manifeste de intermissionibus ageret.

Morbi, quorum diagnosin a suo asthma exponit, sunt: epilepsia, peripneumonia, pleuritis, angina inflammatoria, catharralis et maligna (*ulcerated - fore - throat*) globus hystericus et aliae affectiones nervosae, a quibus interdum difficile discerni possit; id quod comprehendere nequeo, quodque ex descriptione ab auctore data non apparet.

Tracheitidem Millaro omnino notam fuisse, postea videbimus; alias inexplicabile esset, cur signa diagnostica morbum a se descriptum inter et tracheitidem non stabiliverit, nisi utrumque morbum ejusdem indolis habuisset, quod postea quoque ex luculentissimis ipsius verbis colligi potest. Hoc caput sequentibus claudit verbis: "*In fact, the violence of the symptoms during the paroxysm, and the almost total absence of them in the remission, together with their irregular succession to each other, are the principal diagnostic signs of the disease.*" — Ubi ergo iterum non de intermissionibus loquitur, sed

tantum de remissionibus, quales quoque in tracheitide frequenter observamus.

CHAP. IV.

Of the Prognostics x).

Fere omnia, quae hoc in capite "de prognosi", invenies, etiam cum tracheitidis descriptione maxime congruunt. Auctor credit, (quod multi quoque medici de tracheitide credunt) asthma acutum vi naturae medicatrice sola tolli non posse y), quod saltem breviori morbi gradu, interdum accidere videtur, sicuti ab altera parte non semper probari potest, aegrotum in casibus gravioribus curationi medicae sanationem debere. Exemplum tracheitidis haud ullo medici auxilio sanatae exhibet observatio tricesima in commentatione eximia praemio condecorata experientissimi Jurinii z)

x) l. c. pag. 28-34.

y) l. c. pag. 30.

z) Ludwig Jurine Abhandlung über den Croup. Aus dem französischen Ma-

Infans nimirum biennis tussi rauca affectus noctu e somno expergescebat. Medicus ea propter illico arcessitus, illius morbum statim tracheitidem agnoscebat, jubebatque duas applicari hirudines, quae autem, ob earum defectum, applicari non poterant; postridie mane nihilo minus infans optime valebat.

Quamvis Millarus putat, *medendi methodum hucusque in secundo asthmatis stadio adhibitam, se satis efficacem nondum praebuisse, perpaucos tamen morbos esse existimat, in quibus medicamenta meliori successu adhibita fuerint, quam vel in primo stadio hujus morbi, vel in ejus statu intermissionis a)* — *Teneris infantibus, praecipue iis, qui vixdum lacte depellebantur, morbus summum vitae periculum minabatur b).* — Quodsi hoc non tam generaliter de tracheitide valeat, tamen haec certe maximum illi aetati periculum facessit. Periodum sequentem permagni momenti, ipsius auctoris

(2) *manuscripte übersetzt von Dr. Ph. Heinen, mit einer Vorrede und Anmerkungen von Dr. J. A. Albers, Leipzig 1816. 4. Seite 75.*

a) Millar. l. c. pag. 30-31.

b) l. c. pag. 31.

verbis allegabo: "If the first paroxysms
 „were very severe, of long duration, and
 „the remissions short and imperfect, the
 „cure might be reckoned more difficult; but
 „as these circumstances were alarming, an
 „early attention was paid to them, and
 „therefore the disease was oftener cured,
 „when it appeared in that form, than when
 „it stole on more imperceptibly, and ap-
 „proached towards the second period, be-
 „fore any danger was apprehended" c).

Millarus hisce dilucidissime depin-
 git utrosque quibus tracheitis ingruit
 modos; quorum diversitas primum
 a celeberrimo Jurinio d) et deinde a
 patruo meo Alberfio e) demonstrata,
 et eo nititur, utrum larynx an corpus
 tracheae inprimis inflammatione affi-
 ciatur. In primo casu, ubi morbus
 subito vehementerque incipit, *laryn-*
gitis, in altero vero, ubi minus aperte
 irrepit secundumque ad stadium nec
 opinatus appropinquabat *tracheitis ipsa*,

c) l. c. pag. 9-44.

d) l. c. pag. 9-44.

e) Royer - Collard Abhandlung über
 den Croup. Aus dem Französischen
 von Dr. N. Meier. Mit einer Vorrede
 und Anmerkungen von Dr. J. A. Albers.
 8. Hannover 1814. in notis pag. 18-21.

i. e. inflammatio primaria corporis tracheae potius confenda est.

Signa boni augurii, affirmante auctore, sunt: "*si paroxysmi nec valde vehementes nec diuturni sunt, medicique auxilium mature adfertur, si remissiones porriguntur et medicaminum usu distinctiores fiunt f).* Porro si urina sine impedimento et sufficienti quantitate emittitur et turbida fit copiosumque in matula sedimentum relinquit; si tussis vel vomitus sponte accedit, si catharrhus nasalis aut diarrhoea modica oritur; inflatio intestinorum cessat, et aegrotus leniter sudat. Si morbus jam longe progressus erat ante quam medicus appellatus fuerit; remedia tamen, imo si morbi progressus cohiberent, tam perfectam non adferebant medelam, ne periodicam post aliquod tempus morbi accessionem aegrotus pateretur g).

In tota hac signorum serie nullum praeter cessantem abdominis inflationem invenitur, quod non etiam ab auctoribus de tracheitide salubre sit reputatum. Quoad postremam hujus periodi partem, omnibus notum est;

f) l. c. pag. 32.

g) l. c. pag. 32. 33.

infantem crebris quidem tracheitidis insultibus affici posse, nullo modo tamen periodicis: etiamsi Millarus in asthmatis descriptione hoc asserit, ne-
tquam autem distincte probatum. Sicut et difficile est explicatu, quomodo hi insultus, ex ratione medendi sero adhibita oriri possint?

Si in sequente periodo solummodo loco verbi: "*Paroxysms*" respirationem difficiliorem posueris, cuncta tracheitidis phaenomena videbis. Auctor his utitur verbis: "*If, notwithstanding an early and diligent attention to every symptom, the paroxysms returned more frequently, and the difficulty of breathing became continual, there was very little hope of succeeding in the cure; if the child became hoarse, breathed with a croaking noise, and the spasms in the diaphragm and abdominal muscles encreased, the case became still more dangerous*" h).

Malum exitum portendunt sequentia, auctore Millaro: *Deglutitio difficilis cum periculo suffocationis conjuncta, sudor profusus cum animi deliquiis, frigus extremitatum, amissus oculorum splendor*

h) l. c. pag. 33.

(if the eyes were lurid), *facies livida, labia, lingua, os et pharynx sicca et muco tecta, et denique convulsiones infantem saepius et violenter aggredientes.*

Quae symptomata in omnibus morbis pessimae sunt notae, et quorum ideo multa in infantibus qui tracheitide necantur obserta sunt.

CHAP. V.

Of the Cure.

De Curatione.

Section I. i).

Principium capitis plane ostendit, auctori in mentem non venisse morbum quendam novum describere, sed tantum, opinionem de ejus natura hucusque receptam refutare. “Before” “ait” “I had any opportunity of making observations on this disorder, I had heard much of it, from the infor-

i) l. c. pag. 35 41.

„mation of others. It was supposed to
 „be an inflammatory disease, in which
 „the progress of the symptoms was so ra-
 „pid, as to terminate in suppuration or
 „gangrene, in a few days. It has been
 „treated by copious bleeding, and other
 „evacuations, according to the antiphlo-
 „gistic method, but without success. It
 „was now looked upon as incurable; it
 „was an object of terror to every parent,
 „and the most anxious endeavours of
 „physicians to remove it, had hitherto
 „proved ineffectual. I was therefore re-
 „solved to consider it with the utmost care
 „and attention; and it was not long be-
 „fore an opportunity offered. As the
 „havock it had already made, had spread
 „the alarm universally, assistance was
 „sought immediately and I had the ad-
 „vantage of seeing it in the first stage,
 „and even in the most early period.”

„An attentive consideration of the ap-
 „pearances of the disease, and the circum-
 „stances attending it, afforded a propable
 „conjecture, of its being immediately pro-
 „duced by spasm, rather than by a fixed
 „obstruction: considering moreover, that
 „the antiphlogistic method had already
 „been tried in its full extent, and that
 „nothing could be more unsuccessful, I

„determined to attempt the cure in a different manner, and had the pleasure to find it succeed” k).

Morbus hic nempe Millari tempore inflammatorius credebatur, quae de causa sanguinis missionibus curabatur; sed secundum Millarum sine effectu; cui tamen assertioni tantum fiduciae non tribuimus, perpendentes, sanguinis missiones in tracheitide adhuc nostro tempore a multis medicis ut inutiles nocentesque repudiari. Qua autem ratione Millarus scribere potuerit: *“It had been treated by copious bleeding, and other evacuations, according to the antiphlogistic method, but without success”*, nullo modo comprehendere possum, cum enim Homium, ut paulo inferius ostendam, auctoribus de asthma acuto adnumeret, cujus tamen in scripto magnas sanguinis missionum utilitates omnino probantur.

Hae observationes, quibus sanguinis missionum utilitas refellatur, falsae quidem; et phaenomena spasmodica, tracheitidem saepius comitantia,

k) l. c. pag. 36, 37.

certe induxerant Millarum ad causam morbi generatim in spasmo quodam ponendum, itaque ad medendi methodum, ab illa aliorum medicorum diversam ei applicandam, quam, quomodo primum a se adhibitam et deinde emendatam, descripsit l).

Praecipuae indicationes curatoriae sunt:

1. *Ut vehementia paroxysmorum asthmaticorum impugnetur.*
2. *Ut, remissione ingressa, novus avertatur insultus asthmaticus.*
3. *Ut fibris laxatis amissus reddatur tonus.*

Ad satisfaciendum indicationi primae, paululum sanguinis detrahi curabat, tumque moschum magna dosi praebebat, qui spasmum solveret, moveretque diaphoresin, quae dosibus refractis spiritus Mindereri et oxymellis simplicis sustentabatur; praeterea ad expectorationem augendam oxymel squilliticum porrigebat.

Ad praecavendum paroxysmi reditum jubebat vesicatorium nuchae, et

l) l. c. pag. 37 - 41.

cataplasmata emollientia ventriculo abdominique imponi, nec minus unguenta antispasmodica his partibus et integrae parti anteriori colli infricari, laudat porro enemata antispasmodica, et curam, ut aër quem infans respirat modica gaudeat temperatura, gerendam commendat.

Quoad tertiam indicationem curatorem auctor monet, vasa bronchialia intestinaque morbo debilitata esse roboranda.

Etiam si de utilitate parvarum sanguinis detractionum a Millaro institutarum, certum ferri non posset iudicium; ad sanationem tamen non nihil contulisse videntur. Quod autem ad moschi utilitatem attinet; quaestio existit, an Millarus aegrotos semper viderit tam mature, quam putat, quod vero nec ex descriptione nec ex historiis morbi ab eo datis liquet; ab altera parte certi scimus, remedium hoc in longiore tracheitidis decursu exoptatissimo successu adhiberi. Quod quidem a clarissimo Goelasio *m)* impugnatum minime vero

m) Antonii Leopoldii Goelis Tractatus de rite cognoscenda et sananda

refellitur, praesertim cum tot medici, Jurinius *n*), Alberfius *o*), Wiggandius *p*), Sachseusque *q*) de magna eius efficacia adeo decise iudicaverunt, quorum duo postremi contendunt, se cum multis aliis, maxime salutare vidisse effectus, si moschus una cum hydrargyro aegroto propinabatur. Quo de cramate plura deinde proferam.

Section II. *r*).

Auctor hac in sectione describit medendi rationem a se emendatam, praeprimis in eo sitam, ut loco sanguinem mittendi antispasmodica adhibeat medicamina. Quapropter dicit: "*At first, bleeding was prescribed, with a view of alleviating the most violent sym-*

angina membranacea. Viennae 1813. 8. pag. 130-134.

n) Jurine l. c. pag. 282. (commendat asam foetidam ut aptum substituens moscho).

o) Joh. Abraham Albers: Commentatio de tracheitide infantum, vulgo croup vocata; cui praemium a quondam Imperatore Napoleone propositum ex demidia parte delatum est. Lipsiae 1816. 4. pag. 139.

p q) apud Sachse l. c. pag. 175. sqq.

r) l. c. pag. 41-47.

ptoms; and it had, in some measure, the effect, though the respite it procured was only temporary, the paroxysm returning with greater violence; and when even a small quantity of blood was taken, the effect of other medicines was neither so immediate nor certain. Finding, therefore, that no benefit could reasonably be expected from a remedy, which, under the appearance of mitigating the violence of the symptoms, had, upon the whole, a tendency to aggravate the disease, it was in the sequel entirely laid aside" s).

Sunt utique adhuc medici, ut jam supra monui, de emissionibus sanguinis in tracheitide aequale judicium ferentes; qui eas autem vel nimis sero, vel non sufficiente quantitate et repetitas adhibent, ubi ergo usum nullum praestare possunt — Quod si tandem, ut celeberr. Vieuseusius t) rectissime monet, ad constitutionem tempestatis, illo tempore, quo observationes Millarus collegit, regnantis at-

s) l. c. pag. 42.

t) G. Vieuseux Memoire sur le croup, ou angine trachéale; qui a obtenu la première mention honorable au concours ouvert par S. M. l'Empereur sur cette maladie. Paris et Genève 1812. 8. pag. 143.

tendimus, facile erit intellectu, in epidemia hac spasticam potius, quam inflammatoriam morbi indolem fuisse respiciendam, cum causae praedisponentes ab auctore pag. 11-14. allegatae, ut pluvia continua, gracilisque messis etc. aegrotos iam satis debilitassent.

Extremitatum algoris causa, pedibus imponi curabat cataplasmata acria, quibus sanguinis circulatio his in partibus augebatur, totumque aegroti corpus calore perfundebatur. Principium morbi interdum vehementissimum et celer primi stadii transitus in secundum, ex Millari opinione remedium moscho adhuc validicus requirebat, ad quod asam foetidam tam interne, quam per enemata, magna copia datam, eligebat u).

Quaestio nunc exoritur, an infans tracheitide laborans hoc medicamine, servari possit, nec ne? Et quidem non concipio, cur quaestio haec absolute negari possit, cum nostris temporibus remedia multo minus aptiora, tanquam in hoc malo specifica ab aliis fuerint commendata. Remedium hoc

u) Millar l. c. pag. 43.

adultiori morbo egregium adferre auxilium, exactis celeberrimi Vieussieu-
sii x) ceterorumque medicorum Genevensium observationibus probatur et solum restat, ut explicetur, quomodo medicamen hoc in casibus vehementer inchoantibus, si minus salutare, attamen aegroto non noceat.

Salutare in iis solummodo casibus, ut credo, se ostendere potest, ubi spasmodica inflammationem ex qua ortus est, vehementia superat; et tales casus reperiri haud dubium est, magnaque utilitas emeticorum dilucidissime comprobatur infantibus in ipso tracheitidis principio propinatorum, quibus saepissime tracheitis maximo suffocationis periculo stipata, si minus funditus, per aliquod tempus tamen amovetur.

Quod si habuissimus tot exactas morbi historias de asthmate acuto Millari, quot de tracheitide, difficile non fuerit demonstratu, saepenumero tracheitidem sub nomine illius morbi sanatam esse. In universum nullo alio morborum genere tam stricte convincimur, quam illo inflammatoriorum, a

x) Vieussieux l. c. pag. 147.

natura non solum morbum, sed saepissime etiam remedia inepte data superari. Revocemus, quaeso, in mentem pneumoniae curationem sub imperio systematis Browniani, quo tempore quaelibet pneumonia, perperam typhodes habebatur, nec tamen omnes eadem laborantes camphora, polygala senega, moscho, vino, opio etc. necabantur. Et denique non satis perpendi potest, quantum observationum, quibus Millari experientia nititur, esse numerum; mea ex opinione perexiguum, quod alio loco luculentius comprobare studebo.

C H A P. VI y).

Asthmatic cases.

Millarús hoc in capite, ad suam medendi rationem melius exponendam nonnullas morbi historias refert, asserens eas ex magno casuum numero, de quibus diarium conscripisse affir-

mat, elegisse; credo autem, huius asserti veritatem cuique hasce morbi historias legenti, in dubium venire, ideoque Millarum fide quidem dignum scriptorem non esse habendum. Omnibus enim partibus mancae sunt et imperfectae nec ad curam valent probandam in morbi descriptione positam, neque imprimis quoad morbi initium, neque ad confirmandam medendi rationem tantopere ab auctore laudatam; quodsi vero auctor contendit: "*It would be needless to relate many, as the symptoms were alike in all, and the manner of treating them was similar, the following, are such as have occurred, since the latest improvements were made in the cure*" 2). Plerique, lectis his morbi historiis, mecum consentient, auctorem melius egisse, si plures exhibuisset casus, nec a casu orsus esset, emendatae medendi rationi, cum infans obiit, haud favente; et forsan ea tantum ratione a se narrato, qua sanguinis missionum inutilitatem probare posset.

Totam igitur morbi historiam hic subiungo, veritus, ne alioquin iudi-

2) l. c. pag. 48. 49.

cium meum a lectoribus, iniquum haberetur.

“*A child*” ait, “*four years old, was observed on Monday evening the 15th. of March, 1762, to have a tickling cough, and to breathe with some difficulty. These symptoms increased gradually without occasioning any suspicion of danger, till Tuesday afternoon, when they were exceedingly aggravated: respiration then was become extremely difficult, and attended with a hard, disagreeable, croaking sound, a heaving of the shoulders, and a convulsive motion of the abdominal muscles. In hopes of removing these violent symptoms, 14 ounces of blood were taken, without any proper advice: he seemed somewhat relieved by the bleeding, but the symptoms soon returned with greater violence; an assafoetida clyster was then injected, and retained, the stomach and belly were fomented, and rubbed with a camphorated liniment, but no medicine was given internally.*”

“*About six in the evening, I first saw him, and was informed of the foregoing circumstances. His pulse was then low and feeble, he had passed very little urine, and with some difficulty, it was pale and*

„and clear; the blood was florid, the cras-
 „samentum had little cohesion, the serum
 „was turbid and of a darker colour than
 „usual, he breathed with great agony, and
 „with a croaking noise, his face was livid,
 „his lips of a black colour, his eyes sunk
 „and half shut, his extremities were cold,
 „and he was often thrown into convulsive
 „motions. Though in such a situation little
 „could be expected from medicine; yet, as
 „assafoetida had often been used successfully,
 „in cases that seemed very desperate, I di-
 „rected it to be given in large doses, and
 „often repeated. After taking it, he dis-
 „charged a great deal of wind, and seemed
 „somewhat relieved, but the violent convul-
 „sions soon returning, he died in a few
 „hours” a).

Qua narratione lecta nemini du-
 bium remanebit, infantem ipsa vera
 obiisse tracheitide, certe iam Idibus
 Martii orta, licet postridie primum
 periculosa videretur.

Symptomata ab auctore allata; re-
 spirandi difficultas cum sonitu tin-
 nienti, stridulo ingratoque (croaking
 sound) qua humeri sursum trahebantur,

a) l. c. pag. 49. 51.

et musculi abdominales fortiter agitantur, omnino talia sunt, qualia in tracheitide observamus. Quamvis Millarus tussim solummodo leviter tetigit, certum tamen videtur, eam in fine morbi adfuisse; cuncta enim, iam supra monuerat, symptomata apparuisse fortiora, ergo quoque inter cetera tussim, cuius sonitus hoc in casu quidem haud erat valde characteristicus, saltem talis non videbatur iis, qui infantis statum in morbi initio observaverant, Millarumque postea de eo certiores reddiderant. Venaesectio ante ejus adventum facta, paroxysmi quidem vehementiam mitigaverat, sed mox denuo maiorique quidem vehementia irruebant symptomata, quapropter clyσμα ex asa foetida applicari, fomentaque calida abdomini imponi et linimentum quoddam camphoratum ei infricari iussit.

Cum venaesectio hoc in casu nihil tulerit auxilii, inde tamen neutiquam probatur, eam non fuisse adhibendam, quamvis secundum symptomata, quae, cum Millarus adfuit, conspiciebantur, non amplius reiteranda videbatur. Quid? utrum sanguinis missiones in omnibus pneumoniae casibus

sunt efficaces? an inutiles noxiaeque sunt reiiciendae, quia nonnunquam speratum non praestant auxilium?

Millarus primo infantem hora sexta vespertina aliquot horas ante ejus obitum videbat, ubi iam omnia symptomata, quorum quodque itidem in gravioribus tracheitidis casibus occurrit, praesto erant, nec mors ut arbitror, amplius averti poterat.

Parva crassamenti cohaerentia, ferumque turbidum sanguinis e vena missi, ut argumentum contra inflammatoriam morbi naturam, quod autem a Millaro factum credere licet, jam ideo adduci non poterit, quia inflammatio in tracheitide nimis exigua est, ut signa inflammationis, nisi alia febris vehemens adsociata sit, in sanguine misso detegerentur.

C a s e II. b).

“A Boy, aged 18 months, in perfect health and great spirits, was, on the morning of the 26th of January, 1766. suddenly seized with great difficulty of

b) Millar l. c. pag. 51 - 54.

„breathing; it was so much increased at
 „nine o' clock, next morning, when I first
 „saw him, that he seemd to be threate-
 „ned with instant suffocation; his face was
 „of a livid colour, his pulse weak, low
 „and quick; his extremities were cold;
 „there was a violent convulsive motion in
 „the abdominal muscles; and his stomach
 „and intestines were much inflated.”

„A table spoonful of the assafoetida
 „solution was ordered to be given every
 „half hour, an assafoetida clyster was im-
 „mediately injected, a blister was applied
 „between the shoulders, and the stomach
 „and belly were fomented and rubbed with
 „a volatile liniment. After the clyster ope-
 „rated, he seemed relieved, but the diffi-
 „culty of breathing soon returned, and con-
 „tinued almost without intermission through
 „the whole day: he had however more
 „natural heat over his body, and his face
 „(though extremely florid) was not of that
 „livid colour, which had formerly been
 „observed.”

„In the evening he passed a great deal
 „of wind, and was much relieved; the re-
 „missions were now longer, and the pa-
 „roxysms less severe: he rested well in the
 „night, and appearances were better on the
 „morning of the 28th; a scruple of Pe-

„ruvian bark was then ordered to be given
 „every two hours during the remission, and
 „the assafoetida solution to be continued occa-
 „sionally upon the accession of the asth-
 „matic paroxysm.”

“In the evening his pulse, which had
 „been so quick and feeble, that it could
 „not be reckoned, was stronger and fir-
 „mer, and beat a hundred and twelve
 „pulsations in a minute. Another clyster
 „was then injected. In the beginning of
 „the night he vomited frequently, and
 „purged twice, but afterwards rested well.”

“On the morning of the 29th, he
 „was much easier, his pulse beat a hundred
 „and four times in a minute; but as he
 „breathed still with some difficulty, di-
 „rections were given to continue the sa-
 „me medicines.”

“On the morning of the 30th, he see-
 „med perfectly well; but in order to streng-
 „then the habit, and prevent a relapse, two
 „or three doses of the bark were ordered
 „to be given every day, till his strenght
 „should be perfectly restored.”

“From the 27th to the 29th, he
 „took an ounce of assafoetida, and six

*„drachms were injected in clysters, and in
 „the intervals, during that time he took
 „ten scruples of the Peruvian bark.”*

Hac et in sequente morbi historia quisque certe mirabitur, auctorem nec minimam tussis fecisse mentionem, unde tamen certo concludere non possumus, nullam ideo adfuisse tussim. Patruus meus Alberfius mihi narravit, se infantem tracheitide oppressum curasse, quem vero, quamvis cum saepius quotidie visitaverat, rarissime tussientem audivisset, quod etiam Millaro accidisse potest, seu forsan eum ad hoc symptoma non attendisse mihi verisimillimum videtur, cum hac in historia nullatenus diligentem observatorem Millarus se praebuerit. Quin imo tracheitidem sine ulla tussi esse posse, infra, diagnosin a Wichmanno de asthmate Millari datam recensens, uberius ostendam. — A vespere vicesimi sexti usque ad vicesimum nonum diem, mensis supra memorati, mane, difficultas respirandi non omnino cessabat, aut aliis verbis, intermissiones non faciebat, sed solum remissiones, quales in tracheitide observantur.

Quod ad curationem, solummodo dici posse credo, aegrotum quidem inter medicamentorum usum, sed non eorum ope convaluisse; cortici Peruviano, ad cuius adhibitionem Millarus forte remissionibus impellebatur, sanatio certe non debetur: plures quoque medici recentiores in casibus tracheitidis remittente typo indutae chinam adhibuerunt, e. g. Jurinius *c*), Royer - Collardius *d*), et Caillonus *e*), quorum duo priores ingenuè fatentur, nullum ab ea effectum observasse, postremus eam summe commendat, nullo autem eius utilitatem firmat exemplo, ita, ut dubitandum sit, an ipse hac de re magni momenti experientias instituerit?

c) Jurine l. c. pag. 69. et 283. "Die Remissionen und Intermissionen, welche man zuweilen nach der inflammatorischen Periode des Croup bemerkt, scheinen den Gebrauch der Chinarinde zu indiciren, ich sah aber noch keinen Nutzen davon."

d) Royer - Collard l. c. pag. 199.

e) I. M. Caillon Mémoire sur le Croup. Ouvrage qui a obtenu la seconde mention honorable dans le concours ouvert par les ordres de S. M. I. A Bordeaux 1814. 8vo. pag. 156.

C a s e III. f).

“On the evening of the 28th of February 1764, I was called to a child of 18 months, who had been weaned about four months. From the croaking sound of her breathing, I could easily pronounce her disease to be the Asthma, even before I entered the house.”

“She had been observed to breathe with some difficulty a day or two before, but that being attributed to cold, was not thought worthy of any attention. On the night of the 27th, she had a severe Asthmatic fit, which alarmed her mother greatly, as she had formerly seen the disease in two other children of her own, and lost one of them by it; next morning, the child was so well, that it was imagined the disorder had entirely left her, but it returned with greater violence in the evening of the 28th, and then it was that I first saw her.”

“Her body was all over chill and cold, her pulse weak and low, and so quick, that it could not be reckoned; her face much flushed, and her breathing extreme-

ly laborious. A leech had been put upon her neck, but little blood lost; and a blister was applied between the shoulders."

"The same medicines were prescribed as in the former case; in a short time she was warmer, breathed easier, and her pulse became firmer and stronger. She took through the night two drachms of assafoetida, and a clyster, in which the same quantity had been dissolved, was injected; she threw up a great deal of phlegm, and purged three times."

"On the 29th in the morning she still breathed with difficulty, but not with such a croaking noise. As the blister had not operated, another was applied to the side, and a table spoonful of a decoction of a Peruvian bark was directed to be given every hour. At night her pulse beat 144 in a minute, and was rather lower than in the morning, and therefore stimulating cataplasms were applied to the feet; she complained of the pain, and made shift to get them away, but they were again applied, and kept on during the night."

On the morning of the first of March, her pulse had more strength, and she brea-

„thed with less difficulty, though not
 „quite freely. From the beginning of the
 „disease, there had been no discharge of
 „mucus from the nose, but it now begun
 „to run freely. She had passed little wa-
 „ter, and it was pale and limpid, but now
 „became turbid, and deposited a light
 „sediment.”

“The decoction was still continued, and
 „the assafoetida solution given occasionally;
 „a solid diet was recommended, and an
 „abstinence from every thing flatulent in-
 „joined. On the 2d., she seemed perfectly
 „well, her pulse was now become slow and
 „firm, and she passed water freely, and
 „in due quantity. The former regimen
 „was continued, and the bark directed to
 „be given for a few days, but the assafoe-
 „tida was omitted, as it seemed now no
 „longer necessary.”

Hoc de casu, quoad Millarius
 iterum tussim non meminit, idem, ac
 de priori, iudicium fero; cum tussis
 non memorata nequaquam ut signum
 diagnosticum asthma suum inter et tra-
 cheitidem considerari possit.

Hoc in casu tracheitis verosimiliter
 iam quarto, certissime autem tertio die

ante Calendas Martias orta erat. In sequente nocte infans maxima respirandi difficultate afficiebatur, aut si Millari verbis uti licet: "She had a severe Asthmatic fit g); altera die infans tam bene se habebat, ut morbus sanatus crederetur, qua de causa mater, non prius ac vespere, quo tempore morbus maxima vehementia recrescebat, Millarum arcessebat; haud magno maternae caritatis indicio, cum duo eius infantum iam antea hoc morbo laboraverant, quorum alter adeo morbo succubuerat. Usque ad Calendas Martias difficultas respirandi in hoc casu, probabiliter sine distinctis remissionibus, continuabat. Millarus nempe ne verbo quidem earum meminit, quod iterum probat, morbi historias ab eo observatas, perquam negligerenter esse descriptas.

Nec in hoc casu funditus perspicitur, asae foetidae sanationem deberi, et adeo mirus credibile est, corticem Peruvianum ne minimum quidem ad servandum infantem contulisse. Etiam videtur, Millarum de inutilitate sanguinis detrahendi non adeo certum

g) Millar l. c. pag. 55.

fuisse; cum in hoc casu unum quidem hirudinem applicari curaret.

Suppressam, usque ad primordia sanationis, secretionem muci nasalis, diminutamque diuresin Millarus tanquam argumentum spasmodicae huius morbi naturae videtur allegare. Posterius phaenomenon plures de tracheitide scriptores in eadem quoque observarunt, sed, nemo adhuc, quantum equidem novi, secretionem suppressam muci nasalis e spasmō ortam esse contendit; quae potius inflammationem membranae pituitariae narium indicat. —

C H A P. VII. *h*).

Of the Dissections.

Auctor pagina sexagesima dicit: morbo in dua diversa stadia diviso, facile intelligendum esse, diversa quo-

h) l. c. pag. 58. 63.

D

que post mortem phaenomena reperi-
 ri, prout nempe aegrotus in alterutro
 eorum occubuit. Qua de re his uti-
 tur verbis: "*In the first, we ought to
 find the lungs perfectly sound; but in
 the second, very different appearances
 may be expected, such as arise from an
 accumulation of the natural mucus, from
 obstruction, from ruptured vessels, and
 from a gangrene in these parts*" i). Ex
 quo apparet, Millarum quidem et in
 primo stadio pulmones organon af-
 fectum habere, ita tamen, ut, dissecto
 cadavere, nulla hujus affectionis ve-
 stigia conspici possint. Phaenomena in
 altero stadio morbi observanda ex mucī
 naturalis accumulatione, ex obstructio-
 ne, ex ruptione vasorum, et ex gangrae-
 na illarum partium, affirmante aucto-
 re, oriuntur. Erroneam hanc eius opi-
 nionem esse, inde elucet, quod ipse
 aperte fatetur: se unius tantum ca-
 daveris sectionem instituisse, et qui-
 dem infantis in primo stadio extincti:
 dicit nimirum: "*The only dissection I
 ever made in this disease, was of a
 Child who died in the first period.*"

"*The external parts were lax, soft
 to the touch and oedematous, the lungs*

i) M. l. c. pag. 60.

„were perfectly sound, as were all the
 „other bowels, the stomach and intestines
 „were much inflated, and contained al-
 „most nothing, besides the great quantity
 „of rarefied air, by which they were ex-
 „ceedingly distended” k).

Sectioni infantis, in secundo asth-
 matis stadio decimo die post morbi
 insultum, fato functi, Millarus ipse
 adesse non poterat, ii tamen, qui
 praesentes fuerant, eidem narrabant:
 “that the vessels of the pleura, on the
 „surface of the lungs, and of the trachea,
 „were turgid, and seemed obstructed, that
 „the parts had a lived appearance, re-
 „sembling that which is observed, when
 „an inflammation terminates in a gan-
 „grene, and that the bronchial vessels were
 „filled with a white tough gelatinous sub-
 „stance” l). Integra haec relatio de
 cadaveris sectione talis est, ut eam
 magnam habere nequeamus; unum
 tantum ex ea liquet, vasa bronchialia
 nempe lymphæ coagulabili repleta fuis-
 se; ideoque Millari observationibus
 probari non posse, in iis, qui ex

k) Millar l. c. pag. 61.

l) Millar l. c. pag. 64.

morbo ab auctore, "*asthma*" appellato, moriuntur, tracheam ab alienis quibuscunque vacuam esse.

Auctor finit hoc caput, Lectores de diversitate effectuum in cadaveribus superstitum denuo admonens, *urgensque ne ex phaenomenis, quae sectum cadaver alicujus secundo in stadio defuncti exhibet, ad aegroti statum primo in stadio decumbentis referrent*; qua de periodo Celeberrimus Valentinus sequentia notat: "On sent déjà toute la faiblesse de ce,,raisonnement. On voit aussi combien est hasardée l'affertion de ceux,,qui ont prétendu d'après un trop pctit,,nombre de faits, qu'on trouve dans,,l'état naturel les poumons et les voies,,aëriennes des enfants morts de l'asthme aigu" *m*).

m) Louis Valentin Recherches historiques et pratiques sur le Croup. Paris 1812. 8vo. pag. 319.

PART II.

C H A P. I. n)

Of the cause of the Asthma.

Totum hoc caput, de causa asthmatis agens, nihil continet, quod ad asthma Millari a tracheitide dignoscendum inservire possit.

C H A P. II. o)

Remarks of passages, relating to the acute Asthma, which occur in the writings of practical physicians.

Inter auctores, quorum in scriptis Millarus asthma suum jam descri-

n) Millar l. c. pag. 64 - 73.

o) Millar l. c. pag. 74 - 83.

ptum invenisse autumat, et Simpsonium *p)* numerat, qui in dissertatione sua inaugurali aperte imperfectam tracheitidis, illo tempore adhuc parum cognitae, delineationem dedit, eamque ob spasmodica respirationis phaenomena, morbum spasticum esse censuit.

Post Simpsonium auctor Homium *q)* recenset, de quo tali modo judicat: "*Dr. Home describes the latter stage of the Asthma, in his inquiry into the nature, cause and cure of the croup, or suffocatio stridula, and has with great industry collected a variety of cases to illustrate the history of the disease; but it seems probable, that he has seldom seen the first stage of it, since most of the symptoms which he relates are peculiar to the second, as are also the morbid appearances which he found in the body after death*" *r)*. Non credo argumentum his verbis clarius adferri posse, Mil-

p) James Simpson Dissertatio Medica Inauguralis de Asthmate Infantum Spasmodico. Edinburghi 1761.

q) Francis Home Inquiry into the nature, cause and cure of the Croup, Edinbourg 1765. 8vo.

r) Millar l. c. p. 80.

larum asthma suum ut morbum nul-
latenus a tracheitide diversum consi-
derasse, quod tamen a tot medicis et
ab ipso clarissimo Wichmanno, sicut
infra ostendetur, erronee factum est.

C H A P. III. s)

*The prophylaxis, or means of pre-
venting the Asthma in Children.*

Caput hoc, de prophylaxi agens,
nihil de diagnosi utriusque morbi of-
fert, quod ideo transimus.

C H A P. IV. V. t)

Of the chronic Asthma.

In duobus hisce capitibus de asth-
mate chronico auctor agit, et semel
tantum asthmatis acuti meminit, nem-

s) Millar l. c. pag. 84-91.

t) Millar l. c. pag. 92-124.

pe ostendit; divisionem in asthma acutum et chronicum jam ex eo necessariam esse, quod illud saepissime intra paucos dies vel lethalem sortiatur exitum vel in morbum chronicum transeat, e contrario autem alterum quod nonnunquam asthmati acuto succedit, saepissime multos per annos, imo totam per vitam porrigatur. Millarus duos hic morbos, ut credo, conjunxit, indole autem inter se valde discrepantes; nam morbus a Millaro sub nomine *asthmatis chronici* descriptus, verum asthma esse videtur; a nullo autem auctore adhuc satis probatum est, tracheitidem in chronicam respirandi difficultatem transire posse.



Postquam nunc sufficienter ostendisse existimo, Millarum nullo modo novum morbum et a tracheitide diversum describere, sed tantum novam ejus naturae expositionem, eamque curandi methodum exhibere voluisse; adhuc quasdam scriptorum, quorum maxima pars Angli Millarique coaetanei erant, sententias allegabo, unde appareat, Millarum etiam ab aliis,

inter scriptores de tracheitide numerari.

Rufchius *u)* in libello nunc rarissimo docet: "*Doctor Home is the first who has given us an accurate history of it. He calls it the Croup, or suffocatio stridula, a name by which it is known in Scotland. — Doctor Millar likewise in a pamphlet lately published: Observations on the Asthma, or whooping cough, describes it very accurately.*"

Cullenius *x)* in eximio suo opere nosologico, Millarum inter auctores nominat, qui quidem de cynanche tracheali commentati sunt, eandem autem alio nomine insigniverunt, dum ait: "*An haec, Sauvagesii synonyma et sequentia ad eundem morbum pertinent, videant experti; sequentia autem ad morbum characteris dati manifesto videntur pertinere.*"

u) Benjamin Rusch Observations on the spasmodic Asthma of Children, in a letter to Dr. Millar. London 1780. 8.

x) Guilielmus Cullen Synopsis Nosologiae Methodicae edit. Petrus Frank Ticini Regii 1787. 8vo. pag. 52.

Crawfordius y) in dissertatione de Cynanche stridula agens, ita: "morbo" inquit "de quo tractaturus sum, vulgo per vocabulum *croup* cognoscitur, et nuperrime depictus fuit a Dr. Millar, sub nomine Asthmatis infantum."

Underwoodius z) in commentatione de morbis infantum, in capite quod de tracheitide agit, ita differit: "Dr. Millar to whom I am chiefly indebted for what I have to say upon this subject", et paulo inferius dicit: "I have examined the trachea after death in only one patient, in which I found the precise appearances described by Dr. Millar; the trachea being lined by a tough viscid coat, which nearly closed up the passage."

Noëlus a) dissertatione sua inaugurali declarat, Millarum novum mor-

y) Crawford Dissertatio de Cynauche stridulae. Edinburgh 1777, 8vo in Thesaurus novus medicus Edinburghensis 1785 Tom. I. pag. 211.

z) Michael Underwood A treatise of the diseases of Childem. London 1784. 8vo pag. 137.

a) P. E. Noël Disputatio inauguralis de angina tracheali. Edinburghi 1794. §. XXX.

bum describere noluisse “Michaelis,” nempe ait, “medicus acris utique ingenii, summopere conatus est probare, anginam trachealem non eundem esse morbum cum eo, quem Millarius sub nomine asthmatis infantum, descripsit; sed ut nobis videtur, operam perdidit. Nimiam enimvero rationem habuit notionum sive praenotionum potius, quas, de hoc morbo, habebat Millarius ipse, adque animadversionum quas ex iis fecit; neque animum satis intendit in notas, ab ipso hoc auctore descriptas, quae profecto iis, quibus insignitur angina trachealis, seu asthma infantum, prorsus conveniunt. Hoc itaque cognito, aequum est concludere, si, ut effectuum similitudo similes causas prodat, signorum itidem similitudo similes morbos, nihil omnino esse, quamobrem diversos esse hos morbos opinemur.”

Jeffreyus *b)* idem credit, dicens: “Sunt alii medici, Simpsonius nempe

b) Thom. Jeffreys Dissertatio Medica inauguralis de cynanche tracheali. Edinburgi 1804 §. LXIII.

„Millarius et Ruschius, qui esse spasmus
„musculorum laryngis censeant”

Experientissimus Jelloly *c)* quoque credit, Millarum tracheitidem descripsisse, dum ait: “Exempla, in quibus concretio trachealis omnino abesset, certe rarissima sunt, nam a Millaro dicitur, hanc concretionem semper reperiri in secundo asthmatis infantum stadio.”

Praeter hos scriptores Anglos iudicium clarissimi Vieusseuxii *d)* adfero, qui sibi etiam persuasum habet, Millarum de nullo alio morbo, quam de tracheitide, scripsisse; verba ejus sunt: “C’est sur ce remède (l’assa foetida) qu’est fondé tout le traitement du Docteur Millar, qui a décrit le croup sous le nom d’asthme aigu. On ne peut pas méconnaître le croup dans la maladie dont il parle, elle en avoit tous les caractères, et se déclaroit quelquefois subitement avec la plus grande violence, au point que quel-

c) Joannes Jelloly Dissertatio Medica inauguralis de Cynanche tracheali. Edinburgi 1796. 8vo, pag. 25.

d) Vieusseux l. c. pag. 140.

„ques enfans en moururent en un jour
„ou deux.”

Patruus meus Alberſius *e)* in commentatione, cui praemium delatum est, idem iudicium fert; “Unde apparebit”, ait, Millarum ne verbo quidem „asthma suo nomine appellatum, a „tracheitide distinxisse, diserte affirmans, hunc morbum non differre a „tracheitide Homii.”

Ex antiquioribus hic allegatis scriptis adhuc patet, prioribus annis post editionem operis Millari, morbum in eo descriptum, minime novum esse habitum. Quantum ipse detegere potuerim, Michaelis *f)* primus contendit; Millarum, novum, a tracheitide diversum morbum, descripsisse, Cullenium autem errasse, quod Millarum inter auctores de angina polyposa

e) Albers Comment. de tracheitide. pag. 50

f) Christ. Frieder. Michaelis De Angina polyposa five Membranacea. Goettingae 1778. 8vo. pag. 137. “Inter „praecipuos de nostro argumento scriptores Cullenius Millarum refert, „Ille autem de malo nostro diversissimo, „Asthmate convulsivo, differuit.”

agentes, locet, quamvis dein eundem excusans pergit: "Ad excusandum autem Cullenium moneo, ipsum Millarium morbum a se depictum pro eodem cum eo habuisse, quem Home tam nitide descripsit." — Inde Wichmannus primum in opinionem delatus videtur, novum morbum in Millari opere esse descriptum; ad quam eo magis inclinabat spasmodica scilicet inveniens symptomata in eo memorata, quae ipsum praeprimis allicere debebant, cum haec acre suum observandi ingenium in tracheitide haud facile effugere poterant, hanc autem, sicuti ex sua anginae polyposae descriptione apparet, morbum mere inflammatorium, omnique spasmo carentem putabat. Hinc tuto concludere posse credo, eum, ex quo scriptum Millari legerat, quamlibet tracheitidem, in qua symptomata spasmodica observabat, nonnisi asthma Millari esse credidisse; qua propter et aperte fatetur; *sibi occasionem defuisse, tot experientias de angina polyposa instituendi, ideoque illius descriptionem e scriptis Homii, Michaelis medicorumque Suecicorum deprompturum esse g).*

g) Wichmann l. c, pag. 110.

Wichmannus adeo convictus erat, Millarum primo medicorum attentionem ad ignotum adhuc morbum et cum angina polyposa commutatum direxisse, ut illum in ejus honorem: *asthma acutum periodicum Millari* h) nominaret, et in tomo secundo praestantissimi operis sui diagnostici, de utriusque morbi discrimine ageret i).

Post eum multi adhuc medici horum duorum exposuerunt diagnosin morborum, a Wichmanniana autem vel non alienam, vel tantum immatura imo forsan ficta experientia fultam, ita ut controversiam componere non valeant. Cujus asserti exemplum offert diagnosi utriusque morbi ab experientissimo Loebensteinio - Loebelio k) data, qua fere ad credendum impulsus sumus, eum nec hunc morbum nec illum satis rite observasse; descriptio ejus v. c. ab illa Wichmanni in eo discedit, ut secundum illum, infir-

h) Wichmann l. c. Pag. 109.

i) Wichmann l. c. pag. 91-128.

k) Ed. Ludw. Loebenstein - Loebel Erkenntniss und Heilung der häutigen Bräune, des Millarschen Asthma und des Keuchhustens. Leipzig 1811. 8vo. Sect. 112 sqq.

mo, scrophuloso teneroque corpore praediti, secundum Wichmannum e contrario sani validioresque infantes maxime huic morbo obnoxii sint *l*). Altera ex parte multi medici scriptoresque insigniores, quibus exacta tracheitidis infantum cognitio abiudicari non potest, contendunt; se nunquam asthma Millari observasse, saepissime autem tracheitidem, tam vehementibus spasmodicis respirationis affectibus stipatam, ut inde tot errores in horum morborum diagnosi, hucusque commissos explicare possent. Inter hos excellunt experientissimi Olbersius, Alberfius *m*), Vieussseufius *n*), Brewerijs et Delarocius *o*) alii-

l) Wichmanu l. c. pag. 101.

m) vid. Royer Collard l. c. pag. 120. in nota.

n) Vieussieux Observations sur le croup. Conf. Journal de médecine, Chirurgie. Pharmacie etc., par Corvisart, Leroux et Boyer, a Paris 1806. pag. 427. — On peut concevoir deux espèces de croup, l'une inflammatoire et spasmodique, et l'autre maligne et spasmodique, qui est celle de Millar, qu'il décrit sous le nom d'asthme aigu, et que je n'ai jamais vue.

o) Brewerijs et Delaroche Bibliothèque Germanique médico-chirurgicale. a Pa-

que. Hac autem ratione neutiquam absolute negare velim, affectionem viarum respirationis mere spasmodicam existere posse, quae tamen adeo symptomatibus in tracheitide observatis similis fit; eodem tamen jure, credo, mihi contendere licet, nullam hucusque morbi descriptionem datam esse, casibus omnino eidem congruis satis firmatam, cum in omnibus hucusque narratis casibus itidem tracheitidis descriptio expeti potest.

Hunc igitur in finem liceat mihi, diagnosin a Wichmanno de asthmate

ris an VII. Tom. II. Page 144. Nous n'avons jamais observé l'asthme aigu, décrit par Millar et par Wichmann, et ce n'est pas une raison pour nous de nier qu'il existe comme une espèce distincte du croup. Mais d'après la description qu'en donnent ces auteurs, il ressemble à tant d'égards, à ce dernier, que nous ne pouvons nous refuser à croire qu'il n'existe entre l'un et l'autre aucune différence essentielle, car le caractère principal par lequel ils se distinguent, savoir les remissions ou la périodicité du premier existent suivant nous, également dans le second.

Millari stabilitam propius expendere, eamque cum symptomatibus tracheitidis infantum ab auctoribus maximi nominis observatis comparare, ut inde ostendam Wichmannum in ea signa nulla exposuisse, quibus asthma periodicum acutum Millari a tracheitide reapse discerni possit; e contrario partim illa ipsa phaenomena, quae maximi momenti in diagnosi asserit, eadem sunt, quae in tracheitide observamus. Partim autem in anginae polyposae descriptione plura enumerat phaenomena, quae vero huic non sunt propria, nulloque igitur modo ad utrumque morbum discernendum valent; sic v. c. anginam polyposam ut morbum continuum, Asthma Millari vero ut morbum remittentem depingit *p*), quis autem ignorat, et in illa remissiones occurrere? Alio loco dicit: rima glottidis lymphæ plastica mechanice occlusa, in tracheitide adduci *q*); sed nuperrime plures medici ostenderunt mortem quoque sine exsudatione lymphæ plasticae in tracheitide consequi posse *r*), et e contrario praegressa illius

p) Wichmann l. c. pag. 122. 123.

q) Wichmann l. c. pag. 118.

r) Vieussieux mémoire sur le croup

exsudatione tamen aegrotam nihilominus sanari s), si nimirum lymphæ plasticae

pag. 21. Toute fois cela n'arrive pas constamment, car deux des malades du Dr. Home, qui en étoient morts, ne présentèrent à l'ouverture que des symptômes d'inflammation et de suppuration dans la trachée-artère, sans aucune apparence de membrane.

s) Albers Commentat. de tracheitide pag. 28. "Nimirum concrescit lymphæ plastica cum membrana interna tracheae, ita ut hæc quasi novam membranam accipiat, certe eo loco, in quo inflammatio et lymphæ secretio hærent. Plurimos ita sanari arbitratur excell. Soemeringius, nonnullis etiam in museo ejus pathologico obviis, quæ hoc testantur."

Aug. Friedr. Hecker. Von den Entzündungen im Halse, besonders von der Angina polyposa und dem Asthma Millari. Berlin 1809. 8vo. meminit pag. 27. infantis trina vice a tracheitide corrupti et ter sanitati restituti: qui tamen quarto ejusdem insultui succumbebat. Sectione instituta, larynx substantia fere cartilaginosa repletus videbatur, ex quo ergo admodum probabile redditur, hanc fuisse lympham plasticam coagulabilem, quæ a primo morbi insultu se effuderit, et internæ laryngis membranae per concretionem adhaeserit.

stica cum membrana tracheae interna concreverit, quin etiam tandem spasmo in musculis laryngis ex inflammatione orto, suffocationem produci posse t).

Wichmannus asthmatis Millari descriptionem, sub forma narrationis morbi exhibet, omniaque ergo, quae ipse in eo observavit symptomata, enumerat, quibus plura intersunt et in recensione symptomatum anginae polyposae allata, ideoque ipse jam concedit, ea utrique morbo communia esse; haec breviter tantum attingam, illa autem, quae asthmati propria contendit, luculentius perlustrabo.

In initio Wichmannus dicit: *“asthma, quod sit descripturus non esse chronicum, sicuti jam nomen indicat et a periodico eatenus differre, quatenus hoc plerumque aetate profectos, illud autem nonnisi infantes invadere soleat u).”*

t) Vieusseux Mém. sur le croup p. 35. *“C’est donc le spasme, suite de l’inflammation qui tue, et il peut avoir des momens de relache qui en imposent par la cessation des accidens, malgré la présence permanente du corps qui semble devoir les produire.”*

u) Wichmann l. c. pag. 100. 101.

Quodsi autem asthma Millari ut morbum peculiarem concedamus, atamen non solum morbi diuturnitas, aetasque aegrorum, sed etiam totus a Wichmanno depictus morbi decursus illud a chronico et periodico asthma adeo diversum reddunt, ut quocunque modo proprium nomen mereatur.

Quoad morbi sedem Wichmannus cum Millaro putat *spasum in pectore locum habere*, neuter autem aliquid allegat, quod hanc ad opinionem valeat verosimilem reddendam, e contrario secunda a Millaro narrata cadaveris sectione, ut jam supra ostendimus, edocemur, tracheam infantum ab asthma suo extinctorum a lympa plastica non vacuam, sed prorsus eodem modo, quo interdum in tracheitide, constitutam inveniri. Wichmannus fulcit opinionem suam eo, quod Ruschius, sectione in infante, qui hoc morbo vita functus est, instituta, nullum muci vestigium in trachea, magnam vero in inflandis pulmonibus difficultatem invenerit; quod autem aegre spasmi effectus haberi potest, cum bronchiorum muscoli, qui hanc contractionem efficerent,

nimis infirmi sunt, ut post mortem inflatu aëri resistere possint. Desunt quoque nobis necessariae hac de re observationes, ut ipsae illae a Ruschio notatae, parvi momenti censendae sint. Aliae rationes, cur Wichmannus pectus morbi sedem putet, minime ex sequenti ab eo data descriptione elucent.

Omnia quae Wichmannus de aetate et de priori infantum, ab asthmate Millari correptorum, valetudine docet; *fere omnes nimirum, intra duos septemque annos natos, unum tamen adhuc lactis alumnum fuisse, cunctosque antea firma valetudine gavisos esse x)*; etiam de tracheitide infantum affirmari possunt, tamque nota sunt, ut solum ideo, quod Wichmannus in anginae polyposae diagnosi eorum non meminit, nonnullorum scriptorum hac de re observationes allaturus sim: Sachsens y) magnam observationum copiam in opere suo communicat, a diversis auctoribus de infantum hoc morbo afflictorum aetate, consignatarum, unde patet, maximam illorum infantum partem nondum ad septimum perve-

x) Wichmann l. c. pag. 101.

y) Sachsens l. c. pag. 177.

nisse aetatis annum. Jurinius 2) in eximia commentatione sua coronata, viginti octo casuum tracheitidis meminit, quos ipse a Calendis Januariis Anni 1808 usque ad finem Octobris eiusdem anni observaverat. Inter hos quinque erant infantes, qui secundum annum nondum attigerant, unde viginti vero intra duos et septem annos, et duo tantum casus inter illos, ubi aegroti septimum annum transgressi erant. Ex morbi historiis ab Alberfio a) in commentatione narratis etiam colligere licet, illam aetatem tracheitide maxime obnoxiam esse, rariusque lactentes ab ea invadi; nam inter sedecim aegrotos ab eo curatos unus tantum lactens, ceteri vero nondum septem annos nati erant. Alexander b) inter casus allegavit pro modo haud paucos, ubi morbus lactentes exercuerat, inter tredecim enim tracheitide laborantes quatuor erant lactentes, septem intra duos et septem

2) Jurine l. c. pag. 225.

a) Albers Commentat. de tracheitide pag. 161 - 220.

b) Disney Alexander. A Treatise on the Nature and Cure of the Cynanche Trachealis, commonly called the Croup. Huddersfield.

annos nati, et duo aetate maiores. Cheynius *c)* quoque tracheitidem morbum tantum infantilem reputat, de eaque contendit plane, ut Wichmannus de asthmate Millari cum raro lactentes invadere frequentius autem validos infantes et bene valentes. Semel tantum infantem trimestrem tracheitide laborantem offendit.

Wichmannus *signa vulgaris catharri utpote prodroma morbi nominat, primis diebus infantibus tam parum molestis, ut extra lectum, imo vero foris esse queant d).* Idem in tracheitide et quidem plerisque in ejus casibus contingit; imo stadium illud catarrhale tam frequenter observatum est, ut a nonnullis auctoribus ad morbum omnino pertinens duceretur, v. c. a Valen-

c) John Cheyne. The Pathologie of the membrane of the Larynx and Bronchia. London 1809. 8. pag. 15. "I have „known the disease in a Child three months old, but it does not frequently occur before weaning."

Et paulo inferius dicit: "Sometimes it affects the most robust and raddy Children." —

d) Wichmann l. c. pag. 102.

tino *e*), Heckero *f*), Michaeli *g*), Royer - Collardio *h*), ceterisque; postremus adeo contendit, medicum expertum modo ex hoc praecedenti catharrho ad sequentem tracheitidem concludere posse. Alii medici quoque consentiunt, saepissime symptomata catarrhalia morbo praecedere, haec autem nullum connexum cum trachei-

e) Valentin l. c. pag. 17. "Le croup est le plus ordinairement une affection catharrhale de la membrane muqueuse qui tapisse le larynx et la trachée - artère."

f) Hecker l. c. pag. 48. "Hier genügt die Ueberzeugung, daß unter dem Zusammentreffen gewisser innerer und äußerer Verhältnisse, die einfachste catarrhalische Entzündung in den Luftwegen, eines Theils bis zu einem, diese Wege verschließenden Krampfe, andern Theils bis zu lymphatischen Ergießungen, bis zur Erzeugung neuer organischer Gebilde, gesteigert werden kann, und in einzelnen Fällen, bei epidemischen Catarrhen, wirklich gesteigert werde."

g) Michaelis l. c. pag. II. "His communi affectioni catharrhali perfecte similibus pathematibus, citius in aliis. in aliis rarius, respirationis additur difficultas, initio levissima, mox gravissima, quae suffocationem minitatur."

h) Royer - Collard l. c. pag. 7.

tide habere, sed duos diversos esse affectus, quorum unus alterum excipit; hoc etiam in plerisque a Jurinio narratis observationibus deprehendere potes, quas inter imo una exstat infantis, qui per biduum ante veram tracheitidis eruptionem, affectionibus catarrhalibus laborans subdiu ambulaverit *i*). Cum illo consentiunt experientissimi Cheynius *k*) et Sachsseus *l*), quorum postremus praeter suas observationes casuum, in quibus plerumque signa catarrhalia praegredi videbat, multorum adhuc scriptorum meminit idem expertorum. Clarissimus Autenriethius *m*) luculentissime de praecedente catarrho et de ejus vera diversitate a succedente tracheitide loquitur, in descriptione Epidemiae tracheitidis quae Anno 1807. Tübingae grassabatur. Distinctius adhuc Albersius *n*) partim in ipsius commentatio-

i) Jurine l. c. observat. XIII.

k) Cheyne l. c. pag. 15.

l) Sachse l. c. pag. 26.

m) I. H. F. Autenrieth Versuche für die practische Heilkunde aus den klinischen Anstalten zu Tübingen. Tübingen 1807. 8. Bd. I. Hft. I. pag. 17.

n) Albers Comment. de tracheitide. p. 6. "Equidem inflammationis catarrha-

ne praemio insignita, partim in notis ad commentationes de tracheitide Royer - Collardii o) et Jurinii p) annexis hanc diversitatem demonstrat: in quibus nempe ostendit, in catarrho quidem membranam pituitosam sicuti in tracheitide inflammata esse, ita tamen, ut in priori potius glandulae, in posteriori vero vasa sanguifera adfecta sint, quapropter in priori casu mucus morbosus, in posteriori autem lympham coagulabilis secerneretur.

Primum Asthmatis Millari insul-
tum Wichmannus ita describit:
“*Subito oritur vehemens oppressio totius
„pectoris, quo cum raro vel nunquam tus-
„sis coniuncta est, vox rauca est et respi-
„ratio anxiosa sonitum quendam singularem*

lis aut crysiptadosae nomen vix adhibue-
rim, propterea quod inflammatio mem-
branae pituitariae in catarrhis non sem-
per ejusdem indolis est, ideoque diver-
sam curationem, quoque in diversis
aegris requirit. Ut omittam glandulas
magis affici, quam vasa sanguinem fe-
rentia de quibus posthac dicetur. Itaque
magni momenti est, diligenter cavere,
ne alterum morbum cum altero confun-
damus.”

o) Royer - Collard l. c. p. 7. 8. in notis,

p) Jurine l. c. pag. 137. 138. in notis.

„edens, qui infimum vocis sonum, quem
 „Itali Bassum in rebus musicis vocant, ex-
 „primit, quique tam sonorus est, ut jam
 „trium passuum spatio percipiatur” q).

Subitus etiam ingressus ipsorum
 tracheitidis symptomatum, ab omni-
 bus fere, qui hunc morbum descripse-
 runt, observatus est. Infantes vel
 plane sani, vel catharrho quodam in-
 festati, cubitum ibant; dein subito
 cum raucitate, tussi et respiratione
 difficili expergesiebant; ut hoc ex hi-
 storiis morbi a cl. Cheynio r), Ju-
 rinio s), Alberfio t), Alexan-
 dro u) et a multis aliis narratis, appa-
 ret. “*Oppressio totius pectoris*” qua ex-
 pressionem Wichmannus utitur, ut
 signum characteristicum asthmatis Mil-
 leri haud facile reputandum est, quia
 eandem quodammodo et in describen-
 da tracheitide adhiberi licet. Si enim
 spiritus, vel obstaculo mechanico, vel

q) Wichmann l. c. pag. 102.

r) Cheyne l. c. pag. 65. 78. 81. 83.

s) Jurine l. c. observat. XVI. XVIII. XXI.

t) Albers l. c. pag. 169. 191. 193. 207.

u) Alexander l. c. pag. 21. 22. 26. 29.
 30. 33.

spasmo quodam, impeditur, quo minus libere per laryngem tracheamque transeat, facile intelligi potest, in eo loco, ubi ad organismi conservationem necessario requiritur, in pulmonibus nimirum, oppressionem quandam oriri.

Majoris momenti est, *tussim in asthma Millari utplurimum non adesse*. Reilius x) in pyretologia contendit: "in diagnosi asthma Millari inter et anginam polyposam a Wichmanno data, maxime respiciendum esse ad tussis absentiam in asthma Millari et ad diversum respirationis sonitum." Sed verum Wichmannus non definite dicit, tussim usque abesse, e contrario ipse monet, *hoc symptoma nimis magni faciendum non esse, cum ipse quondam in errorem sit inductus, ut tracheitidem nempe videre crederet, quem morbum postea, cadavere secto nullum inflammationis vestigium reperiens, asthma Millari esse cognoscebat y)*. Qua de re infra luculentius agemus. Pag. 103. auctor monet, *aegrotos nihil tussi rejicere*; pag.

x) Joh. Christ. Reil. Ueber die Erkenntnis und Cur der Fieber. Halle 1799. Theil II. Seite 433.

y) Wichmann l. c. pag. 114.

122. de tussi dicit, *eam vix percipi posse et exiguum tantum esse*; sic quoque eam in tracheitide interdum deprehendimus. Patruus meus Alberfius particulas circiter viginti lymphae plasticae in spiritu vini conservat, quas infans, quem nunquam tussientem audiverat per vomitum rejecit. Vieusseux 2) quoque in tractatu suo de tracheitide, tussim ut signum characteristicum hujus morbi non considerat, dicens: "La toux n'est point un signe „characteristique de la maladie, il y en „a presque toujours, mais quelquefois „il ny en a pas, à moins qu'on ne l'ex- „cite, et qu'on n'observe pas les quin- „tes de toux, dont plusieurs auteurs „ont parlé" Sachs 3) in opere suo eximio, experientias clarissimorum virorum Bailloni, Homii et Kretschmari adfert, qui tussim in tracheitide vel vehementissime vigente, interdum omnino deficientem observabant, cl. Duboucssius et Harlesius eandem in nonnullis casibus raro tantum percipiebant. C. F. Michaelis 4) quoque contendit, tussim

2) Vieusseux Mem. sur le croup p. 15.

3) Sachs l. c. pag. 52.

4) Michaelis l. c. pag. 108. "Vocis

saepenumero exiguam esse, imo interdum plane abesse. *Tussim in asthmate Millari siccam* Wichmannus vocat et ejusmodi saepissime in tracheitide, praesertim in ejus initio observanda venit.

Sonitus respirationis infantum asthmate Millari laborantium, secundum Wichmannum obtusus et profundus percipitur; alio loco eum cum latratu canis comparat, et e contrario sonitum respirationis in angina polyposa exilem, acutum et cucurrientem, quasi a gallina perterrita editum, vocat c). Multi auctores sonitum respirationis in tracheitide eodem modo descripserunt; sed tantummodo judicia diversorum scriptorum de hoc sonitu respirationis a clarissimo Sachse *d)* diligentissime collecta respicia-

„etiam stridulae eadem pene est ratio;
 „sunt enim, in quibus nonnisi tussis vel
 „vociferationis tempore observetur, alii
 „in quibus diu absit, et nonnisi versus
 „finem morbi occurrat, (quod a Cl.
 „Engstroem visum est) alii in quibus
 „initio adsit, postea autem per non bre-
 „ve tempus intermittat; nec exemplis
 „plane caremus, ubi per totum morbi
 „decursum defuerit.”

c) Wichmann l. c. pag. 111.

d) Sachse l. c. pag. 40. 41.

mus, et de veritate sententiae experientissimi Jurinii *e)* persuasi erimus; sonitum respirationis saepissime cum eo tussis, a medicis commutatum esse, magnumque, Alberfio affirmante *e)*, sonitus respirationis discrimen interesse, num larynx, an trachea sola, inflammatione sit affecta, an alterutra harum partium, praeprimis in morbi initio, vehementiore gradu laboret; denique sonitum respirationis pro aetate et genere infantum, morbiq; progressu diversum produci; cum e contrario sonitus tussis in toto morbi decursu nullatenus mutetur. Eundem vero respirationis sonitum Wichmannus ab infantibus asthmate Millari correptis editum describit, Alberfius in tracheitide quoque observavit; “Ipse”, ait, “saepe, numero respirationem aegrotorum, procul audiui, et quando spiritum trahunt, stridulum sonum percepi. Contra, quando expirant veluti oppressa exthalatio, aspera et profunda, (in Basso dicunt Itali) interdum crepitans est. Verum tamen bis contrariam rationem observavi, ita ut in-

e) Jurine l. c. pag. 6.

f) apud Jurine l. c. pag. 4. in nota.

„spiratio profundior, exspiratio altior
„audiretur” g).

Postquam Wichmannus primum morbi insultum eo modo, ut ostendimus, descripsit, ita pergit: “*Morbum hunc forte catarrhum haberi posse in peripneumoniam conversam, a quo tamen facile discerni possit, non solum respiratione multo magis anxia, sed etiam tanta eius difficultate gravioribusque affectibus, postquam nonnullas per horas adfuerant, pedetentim remittentibus; infans scilicet tunc expeditius respirare, placideque resupinus jacere potest, garrit, et nonnunquam lusus puerilem si non magnam ex eo voluptatem capiat, aequo tamen animo eum participat. Nunc iterum morbus catarrhi simplicis speciem prae se fert, nec magna attentione dignus videtur; sed vae medico! qui ab aegroto, nunc naturaliter leniterque respirante, omne periculum abesse putat, vixdum enim haec secundi exitus spes, tranquillumque intervallum per duodecim, duodeviginti ad summum per viginti quatuor horas duravit, denuo cum febre increscente (non quidem semper periodice eodem tem-*

g) Albers Commentat. de tracheitide
pag. 16.

pore) irruit illa respirationis anxietas, quae cum parvo celerique pulsu ad maiorem quam antea gradum ascendit" h).

Unusquisque tracheitidem cognoscens descriptionemque hanc legens, mecum consentiet, eam exacte cum ea tracheitidis remissione congruere, qualem cl. Jurinius *i)*, Alberfius *k)*, Vieuffseufius *l)*, Doubleius *m)*, Alexander *n)*, Swilgueius *o)*, Authenriethius *p)*, Valentinus *q)* et multi alii descripserunt, qualisque ab unoquoque medico, qui aliquoties tantum hunc morbum vidit, certe observata fuerit. Valde ergo miror, cur Wichmannus hanc in descriptione sua anginae polyposae omni-

h) Wichmann l. c. pag. 103-104.

i) Jurine l. c. pag. 6.

k) Albers l. c. pag. 19-33.

l) Vieuffseux l. c. pag. 5. et observat. pag. 228. 230. 232. etc.

m) F. T. Double Traité du croup. Paris 1811. 8vo. pag. 23.

n) Alexander l. c. pag. 15.

o) C. I. A. Swilgue Du Croup aigu des enfants. Paris 1802. 8vo. pag. 17.

p) Autenrieth l. c. pag. 15.

q) Valentin l. c. pag. 244. 245.

nō negare possit, dum contendit: in *asthmate Millari* symptomata, praesertim respirationem difficilem, per aliquod tempus remittere, et dein majori cum vehementia redire, e contrario autem illa in *angina polyposa* semper paulatim augeri et sine remissione continuari r). Ex hoc et ex asserto: *anginae polyposae* symptomata mere inflammatoria esse, mihi suspicio oritur; Wichmannum illam vel nunquam secundum ideam, quam sibi de hoc morbo effinxerat, observasse, vel eandem talem solum ultimo in stadio habuisse, omnesque vero casus, ubi morbum in initio et in primo stadio et totum per decursum, in quo ergo spasmodica occurrebant symptomata, remissionesque observaverat, *asthma Millari* reputasse: hoc quoque convenit cum ejus confessione: se experientia de tracheitide indigere; ideoque ad eandem depingendam Homii scriptis Michaelisque se usurum esse s). Sed et hic comprehendere nequeo, quomodo remissiones tracheitidis praetermittere potuerit, cum Michaelis earum tam distincte meminerit, di-

r) Wichmann l. c. pag. 122.

s) Wichmann l. c. pag. 110.

cens: "Post illam, qua respiratio maxime sublevari solet, excretionem, omnia in melius mutata videntur, nec raro, si totus ejectus fuerit tubulus membranaceus vel magna certe ejus portio, aeger ex orci faucibus ereptus, pristinae sanitati restituitur. Sin autem magna adhuc remanserit tubuli membranacei, sive caseosae materiae portio, vel si rejecta nimis cito regeneretur, mox omnia pejora denuo evadunt, et aegrotans, quem servatum jam credideras, brevissimo temporis spatio, vi morbi cedens, fato fungitur seq. t).

Aegroti statum in secundo asthmatis Millari insultu, Wichmannus majore cum suffocationis periculo quam illum in primo, conjunctum describit; docet enim: "*facies rubescit, in quavis respiratione trachea quasi deorsum trahitur, vel potius humeri elevantur et omnes muscoli respirationi inservientes, maxima cum contentione agitantur, nares dilatantur. Infans sudare incipit et in hoc statu deplorando corpus diversimode in lecto ad levaminis aliquid impetrandum componit, quod in nullo tamen situ invenit,*

t) Michaelis l. c. pag. 13.

sed anxietas maxime horrenda eum nonnunquam ad tantam desperationem adigit, ut, quod semel Wichmannus observabat, infans quidam capillos sibi evelleret. Facies, inprimis circa labia, tandem livescit aegrotique respiratio tam difficilis redditur, ut loqui nequeat, multo minus ut bibat aut mammas sugat u).

Omnes quos supra nominavi de tracheitide scriptores, consentiunt, omnia phaenomena et praecipue ea, quae suffocationem minantur, post primam remissionem vehementiora fieri; quia morbus tunc jam diutius duravit, ideoque se magis efformare potuit. Quoad symptomata asthmatis Millari, a Wichmanno allegata, quae suffocationis periculo producuntur, viri summi Jurinius x), et Sachsens y)

u) Wichmann l. c. pag. 104 - 105.

x) Jurine l. c. pag. 6. "Die Dyspnoe wird stärker, die Respiration geschieht fast nur convulsivisch, die Nasenlöcher stehen offen, die falschen Rippen und das Diaphragma sind in steter Bewegung, und Erstickung steht bevor. Der Puls wird unregelmässig und zusammengezogen, auf dem Gesichte bricht der Schweiß aus, es wird blaß, die Lippen violet." — Et paulo inferius dicit: "Bietet man dem Kranken dann

et experientiff. Pefchierus et Maunoisius 2) eadem quoque in trachei-

auch etwas zu trinken, fo wagt er es doch oft nicht das Glas an den Mund zu fetzen (obgleich er noch recht gut schlucken kann), aus Furcht beim Trinken zu erfticken."

y) Sachse l. c. pag. 20. "Angftvoll zer-
raufen fie fich ihre von Schweifs triefenden Haare, ftetten fich mit Händen und Füßen an, um nur einmal tief athmen zu können. Das oft in dicken Tropfen, mit kaltem, klebrigem Schweifs bedeckte jetzt bleiche Geficht; die kalten Hände und die Lippen werden bleifarben, dunkelblau. — Tief werden die Bauchmuskeln bei jedem Streben zum Athmen in die Herzgrube, man mögte fagen bis an den Rücken hinangezogen."

2) Maunois et Pefchier Mémoire fur le croup Manufcrit envoyé au Concours ouvert par la M. I. et R. "On y diftingue un mouvement oscillatoire d'élevation et d'abaillement, qui coïncide avec une contraction violente des muscles respiratoires, un enfoncement profond au deffous des clavicules, et une abstraction très - remarquable du sternum et du cartilage Xyphoïdé vers les vertébrés dorsales, Symptôme que nous fignalons comme propre au Croup, comme n'étant décrit dans aucun ouvrage à nous connu, et que nous avons obfervé avec beaucoup de foin."

tide observarunt, postremi duo in commentatione eorundem manuscripta, communi consilio ab iis confecta, quae in certamine literario Parisiensi iudici- bus ad recensendum oblata fuit, et quam cum patruo meo Alberfio dum Genevae nuper commorabatur, benigne communicarunt. —

“Interdum”, docet Wichmannus, *“infantes jam in hoc insultu moriuntur a)*; postquam ergo morbus per duodecim vel octodecim horas duravit. Et in tracheitide proh dolor! exempla de tali rapido morbi decursu satis frequenter occurrunt. Jam supra monui, experientiss. Ackardium talem exitum funestum vidisse. Sachsleus *b)* plures quoque allegat casus, in quibus mors tam celeriter consecuta est, simul Engstroemium adducens Baeckiumque Salomonemque, etiam mortem intra septem horas consecutam testatos; Alberfius bis idem intra octo horas vidit; Sachsleus ipse intra duodecim et Leefonius intra quindecim horas mortem accedere viderunt.

a) Wichmann l. c. pag. 104.

b) Sachsle l. c. pag. 105.

“Infans”, pergit Wichmannus, de dolore topico pungente non quaeritur, sed de obtuso totumque pectus occupante” c). De dolore topico in tracheitide multi egerunt medici, diversissima vero de ejus sede judicia protulerunt. Cl. Autenriethius *d)*, Alberfius *e)*, Brewerijs et Delarochius *f)* eum tantum in larynge, Sachseus *g)*, Cheynius *h)*, et alii e contrario in trachea tantum locarunt, alii porro ut Jurinius *i)*, Vieussseus *k)* et Odierus *l)*, dolorem exiguum et

c) Wichmann l. c. pag. 106.

d) Autenrieth l. c. pag. 22.

e) Albers l. c. pag. 22.

f) Brewer et Delaroche l. c. p. 154.

g) Sachse l. c. pag. 18.

h) Cheyne l. c. pag. 69.

i) Jurine l. c. pag. 5.

k) Vieussseux l. c. pag. 9. “La plupart des Auteurs cités dans ce recueil parlent de la douleur de la trachée-artère; j’ai toujours trouvé que c’étoit peu de chose, et que les malades se plaignoient plutôt de gêne, d’étranglement et de suffocation, que d’une douleur vive proprement dite, quelquefois elle est semblable à un sentiment d’excoriation, mais cela est rare.”

l) Odier opud Vieussseux l. c. pag. 207. “Il est à remarquer, que pendant

non semper continuo in eodem loco se exferentem, invenerunt.

“Si hoc in stadio”, monet Wichmannus m), “infanti aptum non cito adfertur auxilium, si medicus mucum amovere, expectorationemque levare vult, morbumque antiphlogisticis et solventibus medicaminibus tollere studet, iterum quidem horrenda respiratio aliquantum remittit, (non vero medicaminum effectum, sed morbi decursu id secum ferente) proximoque in respirationis difficillimae insultu, nunc multo citius revertente, infans, ad mortem usque quidem mentis compos, alvum involuntarie dejicit, pulsus minores celerioresque, subinde intermittentes fiunt, anxietasque sensim in mortis terrores transgreditur. Infans semper intra octiduum moritur.”

Integra haec descriptio ultimi stadii nihil continet, quod non itidem de tracheitide dici possit, nam et haec saepissime remissiones facit, quarum altera quoque citius quam prior finit, et sequens insulsius multo prioribus am-

toute la maladie, il ne se plaignoit pas de douleur dans la gorge, mais seulement d'une douleur qui regnoit tout le long du sternum.”

m) Wichmann l. c. pag. 106, 107.

bobus vehementior est, quod cl. Jurinius o) tam diligenter describit. Prognosis et in hac valde dubia est, plerumque mors eodem modo, quem Wichmannus in asthmate Millari describit, consequitur.

De Wichmanni assertione, methodum medendi antiphlogisticam in asthmate Millari prorsus rejiciendam esse p), in sequentibus luculentius agam; cui quidem concedo, in tracheitide, si majorem attigerit gradum remedia antiphlogistica non semper esse adhibenda. Inde Alberfius q) in commentatione palma condeco-

o) *Jurine l. c. pag. 7.* "Während dieses gefährlichen Zustandes treten doch oft noch Remissionen ein, sie sind aber nur kurz, und bald kehren die Zufälle mit doppelter Gewalt zurück. Die Dyspnoe ist dann furchtbar, die Respiration röchelnd, und die Erstickung mit allen ihren Schrecknissen und Leiden droht jeden Augenblick dem Kinde den Tod. Der Puls ist klein und intermittirend, das Gesicht blaß, die Augen scheinen sich in ihre Höhle zurückzuziehen, und ein kalter Schweiß bedeckt den ganzen Körper."

p) *Wichmann l. c. Pag. 106.*

q) *Albers l. c. pag. 141.*

rata, in capite de judicatione sanguinem emittendi agente, docet: „debi-
 „lioribus infantibus autem hirudines
 „non debent applicari, nam levamen
 „quod iis hirudinibus adferri videtur,
 „tantum simulatur, et mox, morbo
 „recrudescente, mors adducitur, quam
 „omissis hirudinibus fortasse evitare
 „potuissemus.”

Wichmannus finita asthmatis Millari descriptione narrat: „sibi primum hujus morbi casum, Anno 1770 occurrisse, se autem tunc temporis Millari commentationem nondum legisse; ea propter casum sueto more tamquam morbum pectoris inflammatorium curasse, sed, se et medicum, quem in auxilium vocaverat, experientio-rem, morte infantis convictos esse, se forsitan errasse, cum validissimis in similibus casibus adhibitis medicaminibus, ne levamen quidem aliquod infanti attulissent. Ex quo autem Millari commentationem legisset, tam felicem in curatione hujus morbi fuisse, ut e magno numero aegrotorum asthmate Millari laborantium, initio nempe morbi appellatus, unum tantum perdiderit, in quo, sectione facta, tracheam totam puram, omnino lubricam, nec non pulmones ubique sanos naturalesque invenerit r).

r) Wichmann l. c. pag. 108.

Wichmannus non exacte dicit, quibus remediis casum, Anno 1770 observatum, curavit, sed tantum ait, *se eum tanquam morbum pectoris inflammatorium*, verosimiliter ergo usitatis remediis antiphlogisticis, quae vero, ut novimus, in sananda tracheitide non semper sufficiunt, curasse. Albersius s) de antiphlogisticis in tracheitide porrectis sequens judicium fert: "Quamquam noster morbus inflammatoriis adnumerandus est, uti abunde demonstravi, ideoque medico studendum est, ut inflammationem tollat, tamen ea remedia, quibus reliquas inflammationes aggredi solemus, hic ad restituendam salutem non sufficiunt. Ideoque errant, qui tracheitidem usitatis his remediis, quae antiphlogistica vocant (acida, salia, venaesectionem et alia intelligo) impugnare velint."

Quoad Wichmanni assertum "*se in infante, quem unicum perdidit et postea dissecuit, tracheam totam puram et omnino lubricam reperisse;*" primum dolendum est, Wichmannum sectionem hujus cadaveris non satis exacte

s) Albers l. c. pag. 113.

narasse, et si sub verbo "trachea", laryngem quoque comprehendit, de hujus statu non seorsum mentionem fecisse; cum plures auctores casus tracheitidis observarent, ubi in larynge tantum concrementum illud polyposum reperiiebant. Talem casum in filiola bienni observatum, describit *Lentinus* *t)*, et *Albersius* *u)* idem observavit. "Infantibus", nempe ait, „repente hoc morbo extinctis, saepius „solam cavitationem laryngis vel pro- „xime adjunctam partem, hujus lym- „phae aliquantum continere apprehen- „dimus."

Sed si quoque concedimus, in infante a *Wichmanno* secto, nullum concrementum lymphaticum in larynge conformatum, totasque e contrario respirationis vias sanas esse repertas, tamen ut *Michaelis* *x)* osten-

t) L. F. B. Lentin Beiträge zur ausübenden Arzneiwissenschaft. Leipzig 1789. 8vo. Bd. I. pag. 303.

u) Albers l. c. pag. 93.

x) Michaelis l. c. pag. 76. 77. in nota. "Priori objectioni eo respondeo, quod ego saltem, si et evidentia aliquando in cadaveribus non reperiuntur inflammationis signa, inflammationem tunc

dit, inde concludendum non est, nulla signa inflammationis, aegroto adhuc vivente, adfuisse. Altera ex parte observationes celeberr. Heimii y),

omnem defuisse, affirmare nollem; levior enim phlogosis catharrhalis, non evidenter semper facileque dignoscenda vestigia relinquit, imo et ibi, ubi graviore inflammatione aegrotum laborasse certo scimus, obscura haud raro sunt in demortuis, praegressi morbi signa. — Addas, quod forsan etiam in eis, quorum cadavera omni inflammatione carebant, illa venaectionibus ac aliis antiphlogisticis jam fugata fuerit, antequam membrana, quae respirationem molestabat, mortem induceret.”

y) E. L. Heim. Kritische Bemerkungen über Herrn Dr. A. F. Markus Schrift: Ueber die Natur und Behandlung der häutigen Bräune. Nebst einigen Beobachtungen und Erfahrungen über diese Krankheit. Berlin 1810. Pag. 31. “Ich habe selbst bei mehrern Leichenöffnungen keine Entzündung gefunden.” Pag. 33. vir clariss. dicit: “Die innere Fläche des Kehlkopfes und der Luftröhre fand ich gar nicht entzündet, und zuweilen nur etwas röthlich.” Et porro inferius: “Stirbt ein Kind den 3. 4. Tag, so sieht man gewöhnlich keine Spur von Entzündung im Kehlkopfe, stirbt es spät, den 7. oder 8. Tag, so ist der Kehlkopf oder der obere Theil der Luftröhre meistens entzündet.”

Rufchii z), Odieri a), Noëli b)
aliorumque do cent, in singulis trachei-

z) Rufch Medical observations and Inquiries. Vol. I. pag. 170. "In some cases the trachea exhibits no marks of disease of any Kinds. These cases are generally violent, and terminate suddenly; the morbid excitement here transcends inflammation." Idem in Dissertatione; "On the spasmodic Asthma of Children;" dum sectionem infantis cujusdam describit, qui horas tantum triginta sex tracheitide laboraverat, ait: "Upon opening the trachea we found no signs of phlegm or handered mucus in it. This together with both, the bronchia appeared in a sound and natural state."

a) Odier apud Vieussieux l. c. pag. 234. "A l'ouverture du cadavre, on trouva tout le larynx et la trachée-artère, jusqu'a l'extrémité des bronches couverts d'un pus epais et abondant, sous lequel, on n'apercevoit aucune inflammation."

b) Noel l. c. XX. "Neque enim ulla insolita membrana asperae arteriae obducta est, neque conspiciebatur in ulla parte aut nimius mucus, aut vestigia inflammationis. Hujusmodi vero cadavera videntur fuisse eorum, qui praemagna vi morbi, prius mortui erant, quam usitatoria signa apparuissent, aut in quibus levis adeo fuerat inflammatio, ut post mortem nullae ejus remanerent reliquiae."

tidis casibus, praecipue ubi mors celeriter sequebatur, sectione facta, nullum inflammationis vestigium patuisse; hac in re autem, me iudice, oportet Michaeli assentiamur, si enim infans tracheitidi succubuit, certissime una saltem pars respirationis organi, infante adhuc vivente, inflammata fuit, quae tamen inflammatio tam levis fuerit, ut sectio cadaveris eam non ostenderit.

Wichmannus tum, ubi anginam polyposam describit, tum ubi hujus morbi phaenomena, cum illis asthmatis Millari comparat c), adhuc plura asthmatis illius symptomata enumerat, quorum in descriptione mentionem non fecit; ea etiam nunc recensebo, quamvis ea haud magni momenti ad diagnosin utriusque morbi constituendam, habeo. Primum dicit: "*in angina polyposa respirationem infantis faciliorem reddi capite reclinato, in asthmate Millari e contrario situm erectum plus levaminis infanti adferre d).*" Negari non potest, plures et forsan plurimos adseverare auctores, caput

c) Wichmann l. c. pag. 110 sqq.

d) Wichmann l. c. pag. 114.

ab aegrotis tracheitide laborantibus reclinari; quod tamen symptoma ut signum diagnosticum tracheitidis ab asthma Millari habendum non est, cum cl. Cheynius *d)*, Vieussieu-
sius *e)*, Heimius *f)*, et Iosephus Frankius *g)* tracheitidis casus descripserint, in quibus infantes erecto corpore sedentes aliquantum levabantur; Albersius imo mihi narravit, se praecipue per aliquot annos ad hoc symptoma attendisse, pluresque infantes tracheitidi succumbere vidisse, qui

d) Cheyne l. c. pag. 16. "He tries to relieve himself by sitting up, or coming out of bed."

e) Vieussieux Mém. sur le Croup. pag. 15. "Quand à la situation la plus favorable à la respiration, elle varie suivant les cas, en général les malades respirent, ou croient respirer mieux, étant assis, que couchés, sur tout dans les périodes avancées de la maladie." Idem contendit cl. auctor in opere: "De la saignée et de son usage dans la plupart des maladies." Paris et Genève 1815. 8vo. pag. 83.

f) Heim l. c. pag. 13. 14,

g) Iosephus Frank Acta instituti clinici Vilnensis. Ann. III - VI. Lipsiae 1812. pag. 71.

durante morbo, nunquam capite reclinato decubuerant.

In utriusque morbi comparatione Wichmannus pergit: "*asthma Millari nonnisi sporadicum occurrere; anginam autem polyposam a Ghisio, Rosensteinio et von Bergen epidemicam jam esse observatam; utrumque morbum quidem frigida tempestate oriri, praesertim ex refrigerio et distinctius adhuc vento subsolano (Ostwind) flante. In fine periodi adhuc notat: contagiosam anginae polyposae naturam experientia sua nondum habere exploratam, sed aliorum observationibus eam valde probabilem reddi, cum e contrario asthma Millari minime contagiosum sit h).* Summo jure credit Wichmannus, tracheitidem epidemicae grassari, quod quidem a pluribus scriptoribus negatur, inter quos clarissimum Formeyum i) adfero, qui hoc, ut mihi videtur, ea tantum ex ratione infitiat, cum ideis suis de tracheitide non respondeat. — Memorabile est, quod Vieussseusius k)

h) Wichmann l. c. pag. 119. 120.

i) Formey in Horns Archiv für medizinische Erfahrung. Berlin 1812. November und December. S. 509.

k) Vieussseux Mém. sur le Croup. pag.

et Odierus *l)* tracheitidem Genevae nunquam epidemicam fuisse, contendunt. Contrarium vero cl Jurinius *m)* luculentissime probavit; ex quo apparet, quam diversa sint hac de re medicorum, in eadem urbe degentium, judicia. Valentinus *n)*, in commentatione omnes priores ab aliis institutas observationes collegit, iisque hanc notam subjungit: “D’après cet exposé, nous croyons pouvoir conclure, que, dans le plus grand nombre de cas, l’angine trachéale est sporadique, mais qu’elle est aussi quelquefois épidémique, selon les situations, les climats et la constitution de l’atmo-

80. “D’ailleurs je ne crois pas que chez nous on puisse regarder le Croup comme étant jamais épidémique, il y est plutôt endémique, car depuis plus de dix ans on l’observe à peu près à nombre égal toutes les années.”

l) Odier apud Vieusseux l. c. pag. 408. “Quoique nous ayons eu quelquefois à Genève plusieurs exemples de Croups simultanés, le nombre n’en a jamais été assez grand pour mériter à cette maladie le nom d’épidémique.

m) Jurine l. c. pag. 216 seq.

n) Valentin l. c.

„sphère, et qu'alors il est rare qu'elle
 „ne soit pas réunie a quelques autres
 „affections.”

Wichmanni conjectura, *tracheitidem contagiosam esse*, omni fundamento destituta est, cum recentiores praestantissimique scriptores quos inter Jurinius o), Vieusseuxius p), Albersius q), Valentinus r), Royer Collardius s), Michaelis t), Caillonus u), Sachseus x), Autenriethius y), Brewerius et Delarochius z), ceterique omnes consentiant, morbum hunc non esse contagiosum.

Denique ut signum diagnosticum utriusque morbi Wichmannus au-

o) Jurine l. c. pag. 188.

p) Vieusseux l. c. pag. 81.

q) Albers l. c. pag. 72.

r) Valentin l. c. pag. 411.

s) Royer-Collard l. c. p. 94.

t) Michaelis l. c. pag. 68.

u) Caillon l. c. pag. 79.

z) Sachse l. c. pag. 233.

y) Autenrieth l. c. pag. 14.

z) Brewer et Delaroche l. c. p. 145.

tumat: *urinam in angina polyposa non esse pallidam, eandem autem talem in asthma Millari observari*" a). Sed in tracheitide quoque Homius, Zobelius, Harlesius et Schulzius b), eam claram et aquosam viderunt. Ceterum observatio Royer-Collardii c), me iudice, omnem meretur assensum; in tracheitide nempe nihil adeo variari, quam urinam, mox raram enim, mox frequentem, claram et turbidam, limpidam et fuscam inveniri; eamque in hoc morbo nec criticam, nec in prognosi ullius momenti esse.

Nunc credo luculenter ostendisse diagnosin, quam Wichmannus asthma Millari acutum inter et anginam polyposam constituit, minime sufficere ad asthma illud ut oportet a tracheitide dignoscendum. Ex pluribus diagnosticis locis apparet, medicum hunc ipsum experientissimum nonnullis in casibus de vera morbi diagnosi incertum fuisse, cur enim dicit: "*se quondam errasse, primum aegroto moschum,*

a) Wichmann l. c. pag. 123.

b) apud Sachse l. c. pag. 82.

c) Royer-Collard l. c. pag. 48.

dein vero antiphlogistica porrexisse medicamina; cum tamen sectione instituta, certior factus sit, se moschum exhibendo, recte egisse" d). Car porro ait: "se de vera causa mortis cujusdam infantis in dubio haerere, utrum asthmate Millari an vero angina polyposa sit necatus sectione nempe cadaveris interdicta e). Diagnosin inter hos morbos incertam esse, ostendit dicens: "si plures simul infantes anxia et suspecta respiratione laborant, majore jure ad anginam polyposam concludendum esse, si e contrario unus tantum sub respiratione anxia moriretur, certissimum esse, infantem asthmate Millari extinctum esse" f); "nam, addit auctor, ad concrementi membranacei procreationem majus temporis spatium requiritur, antequam mortem adducat."

Medicus celeberrimus Harburgensis Michaelis g) hoc Wichmanni asserto in errorem incidit; dicens: in epidemia anginae membranaceae ab

d) Wichmann l. c. p. 115.

e) Wichmann l. c. pag 119.

f) Wichmann l. c. pag 120.

g) Michaelis in Hufeland u. Himmly Journal der practischen Heilkunde. Stück VI. Jahrgang 1809. pag. 77.

experientissimo Böhmero et a semetipso Clausthaliae quondam observata, eodem tempore aliquos sine dubio asthmate Millari correptos esse, qui nimirum, repentino mortem obierint. Ex subita vero morte minime ad asthma Millari concludendum esse, jam supra ostendimus; cum et in tracheitide, post aliquot imo horas a primo morbi insultu, mors jam consecuta est.

Quod denique ad moschum, in curando asthmate Millari, ut specificum quasi a Wichmanno laudatum remedium, attinet, adhuc admonere debeo Wichmannum forsitan non semper auxilium speratum esse expertum, conditionem scilicet addit: "*moschum quidem validiorem et incorruptum esse debere, quamqui postremis annis, in Germaniae officinis sit repertus*" h). Sed si quoque concedimus, eum magnam ex usu moschi efficaciam observasse, tamen quaestio suboritur, an non forsitan plures infantes in ultimo morbi stadio viderit, in quo sine dubio moschus ut validissimum remedium se praebet. Licet multi medici v. c. cla-

h) Wichmann l. c. pag. 108.

riss. Sachsens *i*), Schlüterus *k*), Michaelis *l*) et Wigandius *m*) crama illud ex moscho cum hydrargyro muriatico miti laudaverunt, tamen semper quaeritur, utrum horum medicaminum praecipuam partem ad sanationem contulerit? Ceterum remedia antispasmodica in tracheitide porrecta, ut absolute damnosa nullo modo rejicienda sunt, quod clariss. Formeyus *n*) fecit, nec ab altera parte, moschus, qui in curandis morbis inflammatoriis salutarem se ostendit, antiphlogisticum remedium censeri meretur *o*).

i) Sachsens das Wissenswürdigste über die häutige Bräune S. 175. u. f. f. et in Hufeland und Himly Journal der pract. Heilk. Jahrg. 1811. Stück 1. Seite 92.

k) Schlüter in Hufeland und Himly Journal der pract. Heilk. Stück 7. Seite 124.

l) Michaelis ibid. Jahrg. 1809. Stück 6. Seite 44.

m) Wigand ibid. Jahrgang 1813. Stück 1. Seite 165.

n) Formey in Horns Archiv für medicinische Erfahrung. Jahrg. 1812. Nov. et Decemb. Seite 488.

o) Marcus Ephemeriden der Heilkunde, Bd. I. Stück 1. Seite 58.

Albers, Johann Christoph,

Commentarius de diagnosi asthmatis Millari strictius definienda

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